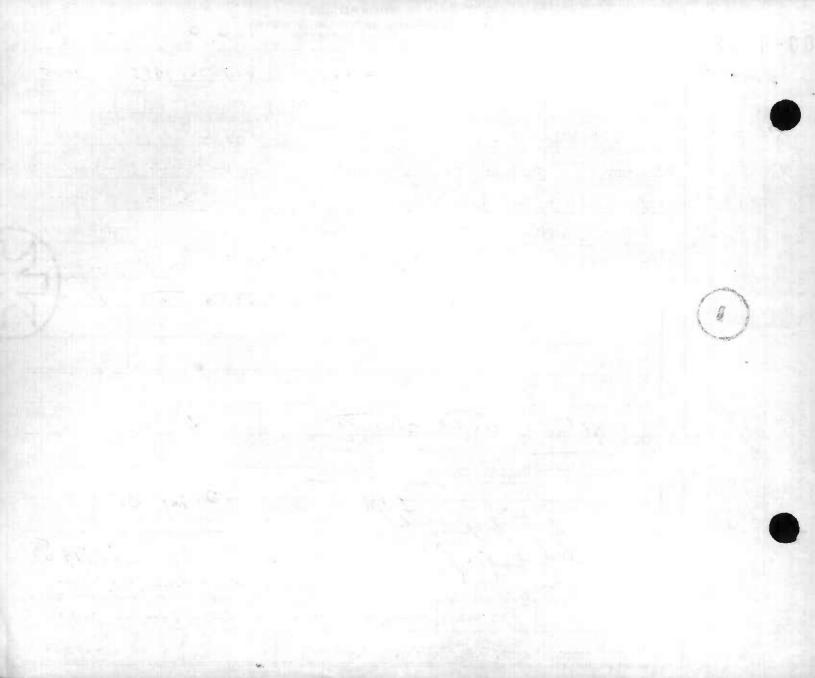
AURITAR . TE PROPERTY INC. test's head Conter, Salistuny, No. 2180. In Jacob section ... Estate N. 1936 S. 1936 S. 22 S. tay ., 1905 of the 031-001 KYUNG BUR YOUR L. L. Devr's House Center, Salisbury, Mc. 21801

3							STATI	OF MARYL	AND				
00-07	927	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND	MENTAL HYG	IENE 8 5	10.	5	5 6 8
oy be	5 3	(TYPE	Erne	stine		Truitt		Avery	<b>y</b>	may 26	1100		26 HOUR 6705 M
uge 4 mo	urs after		male		White		5 DATE C	PERTH DAY	1916	6 AGE (NYEARS LAST BI	YRS.	UNDER 1 YEAR	HOURS MIN.
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201 Softer	filed will	Sa	y OR TOWN OF DEATH lisbury		Peninsu	la Gene	eral Hos		STITUTION	IZE USUAL OCCUPAT (TYPE OF WORK FOR MOST Invoice Re	OF WORKING LIFE)	INDUSTRY	of Business or gomery Ward
AND 21	of order	13a S		b COUN		13c. CITY OR T		YES 💮		13e STREET ADDRESS 120 Franc	zip code is Drive		21801
, MARYI	22/		Stanley		liam	Bloxo		Ra	chel	WIDDLE		Truit	ist †
TIMORE be execu	- Pages		AS DECEASED EVER IN		MED FORCES? E WAR OR DATES)	219-05		1030 I	N. Lake	am M. A¢er Sybelia Dri	ys (Son) ve, Mait	tland,	Fla. 32751
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low required to the control of the c	virial-tronsit permit.	MEDICAL CERTIFICATION	190 DATE OF OPERATIO	LYING EXAMINER	216. TIME C HOUR A.	OF INJURY M. MONTH M.	Cloud Cloud Day YEAR 19	21c HOW II	NJURY OCCURR	YES NO	YES	NG CAUSE:	INGS USED S OF DEATH?
OR ATTENDI	Ched f	MED	22d PHYSICIAN'S NAM	nis hospirolive on (did no	tol) attended the	e deceased from	om 3 Gy	21f LOCAT	ATTENDING PHYSICIAN	MEDICAL STAY	ateland hour o	-	that (I) (we) last e couses stoted
TO HOSP	should be deto with the State IMPORTANT. II	23a B	Andrew J.				231 NAME OF C			Drive, Sal			
	6 60M 7/84	24 FU	Burial NERAL DIRECTOR OLLOWay Fun	eral		/1986	Parksle		250 DATE	Parksley, REC'D. BY REGISTRAN	256 REGISTRA	AR'S SIGNA	
(VR)	15, 4)		OLLOWING T OIL	erui	Tiorne, I	٠٨٠, ٥٥	manuly,	widt y 10	iriu	- 0 1000	1		

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STATE OF MARYLAND

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 5-21-1986 Zion Cemetery 24 FUNERAL DIRECTOR SALISBURY, MARYLAND BAKER AND BOUNDS

Wicomico MD Fruitland 250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

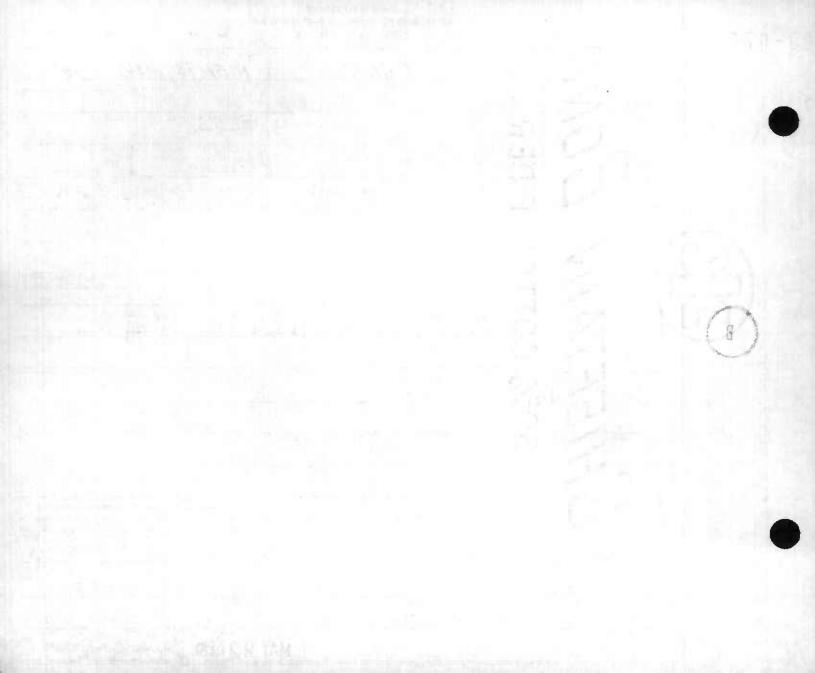
Merchant

INDUSTRY

White

COUNTY

22c. DATE SIGNED



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ł	REGISTRAR			CERTIF	TCATE OF	DEATH	RE	G. NO.		
ī	DECEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEA	TH MONIH	DAY YEAR	26 HOUR 1
ı	(TYPE OR PRINT) RUTH	ADEla	ide	DΛ	NKS		MA	V 11	1986	2.110 P
3	. SEX	4. RACE		5 DATE C			6 AGE (IN YEARS )		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		Jul		1892	93	YR:	MONTHS DAYS	HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	AADDIED FE	9 BALTIMORE C	TY OR COUN	NTY OF DEATH	
L	Maryland	U.S.A		WIDOWE	D D	NORCED	WICOMIC	X		MD.
P	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCU			OF BUSINESS OR
L	SALISBURY		BURY NURS		OME		Retired	Regis	tered Nu	rse
	SUAL RESIDENCE (IF NURSING HOME 30 STATE 136 CO		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e STREET ADDR	ESS / ZIP CO	ODF	
L	Maryland Wid	comico	Salisbur	v	YES T	NO 🗌			vic Ave.	21801
I	FATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA			LA LA	
	Gabriel		Banks		Man	rtha	E11			unds
Ī	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA		A	DDRESS		
L	No -	GIVE WAR ON DATES)	220-28-2	411	Colin	nda Gri	ffith	Middle	neck Dr.	Maryland
F	18 CAUSE OF DEATH (Enter	only ane cause per	line for ial, M. and	111/	1				APPRO	KIMATE INTERVAL
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П		2011	R AS A CONSEQUE	who are	1 ,	11				
ı	Conditions if you which	000 10,0	( 0 1 0 0 /1	1, 2	11/11	Till to	clero	2/5	1	ina,
L	Conditions, if ony, which gave rise to immediate	(p)_	941010	0	an	0-00	cuu		9	,,,,
ı	cause (a), stating the underlying cause last.	DUE TO,	R AS A CONSEQUE	NCE OF						
ı	anderlying couse loss.	(c)				9-3				
ı	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	AINAL DISEASE OR	CONDITION	GIVEN IN PART 1	10
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ı	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY		YES, WERE FIND	
I		_					YES NO	$\overline{}$	YES 🗌	NO 🗆
	00.00		FINJURY M. MONTH DA	Y YEAR	21c HOW IN	IJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM	18 PARI I OR PART 2)	
ŀ	(IF EITHER NOTIFY MEDICAL EXAMILED THE INJURY OCCURRED	JEAIN -		19						
L	21d INJURY OCCURRED	21e PLACE			211 LOCATIO	NC	CITY	ORIOWN	COUNTY	STATE
L	WHILE NOT WHILE	(AT HOME SII	REET, FACTORY, OFFICE FA	NRM EICI	SINCE		Citi	OK TO WIT	Coonti	STATE
ı	22a.1 certify that (1) (this ha	spital) ottended th	e deceased from	6	-27	19 78	10	-11	1986	that (1) (we) last
ı	unw all dead sed alive	on	110 108	6_, ar	nd that in (my)	(our) apinian	death occurred on	he dote and I		, , ,
1	obstation (did	not; sew the body	offer dealer		DEGREE				22c DATE	SIGNED
L	1 1/1/1/	10116	01-	2	10	ATTENDING &	MEDICAL PE	STAFF	15/1	V/8/
ł	THE PHYSICIAN'S NAME WA	E OR FRINI)	1		122e ADDRES		DIDIRECTOR   PI	TYSICIAN [	12/1	1001
L					THE PRODUCT	,5				
Ĺ			1.D.					ALISBU	RY. MD.	21801
2	30 BURIAL, CREMATION, REMOV.	AL 236 DATE			EMETERY OR		23d LOCATION		COUNTY	STATE
	BURTAL	5-15-	1986   SI	HAD P	OINT CI	EMETERY		POINT	WICOMIC	O MD.
							E DEC'D BY DECIS			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

BAKER AND BOUNDS

SALISBURY MARYLAND



(VRA 15, 4)

Samuel Bell May 8, 1956

Male Black Samuary 1, 1920 William

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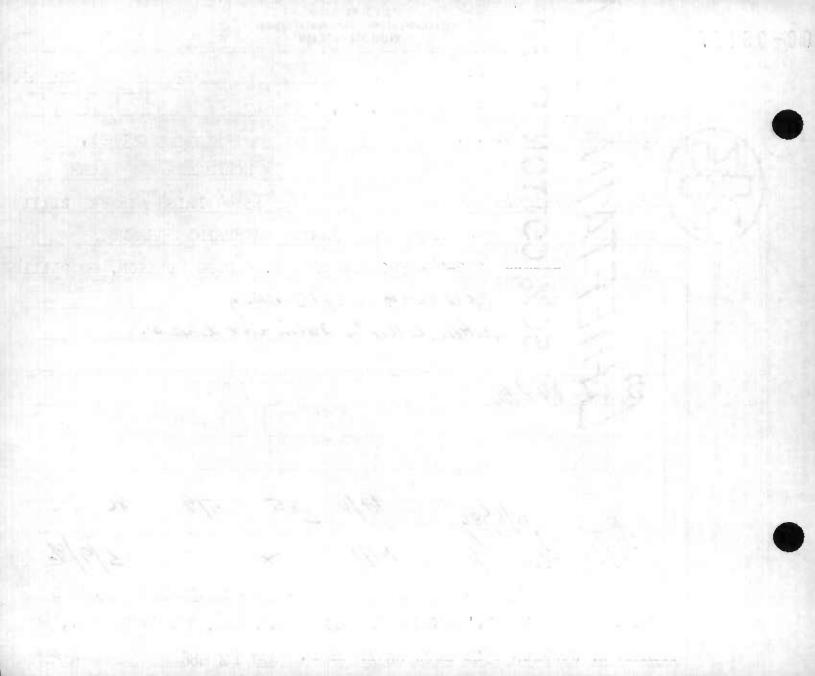
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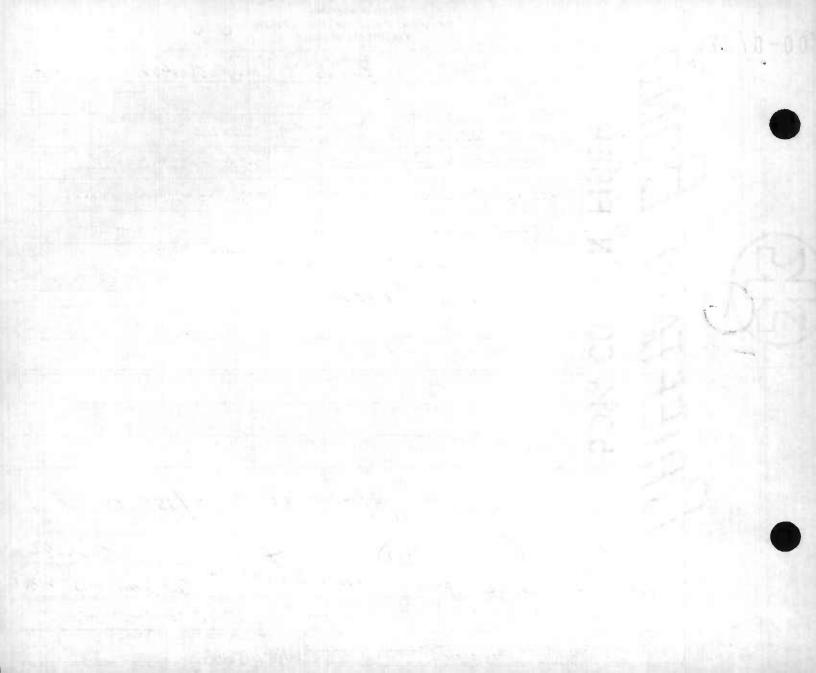
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Denr's Head Cente, PO BOX 2018, salesbur, M



STATE OF MARYLAND



				STATE OF MARYLAND		
07271	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6	1557
e ŧ	1. DE	CEASED NAME FIRST	MIDDLE	Dai Call =		MONTH DAY YEAR 26 HOUR
dea	3 SE	Willis 1	4. RACE	Brinsfield, JR.	6 AGE (IN YEARS LAST BIRTH	13 1986 1727
ector. p	3 SE	Male	White	Sept. 22, 1923	62	YRS
AZZ hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR WICOMICO	COUNTY OF DEATH
by the to	10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF	ON IZE KIND OF BUSINESS O INDUSTRY Farming
filled in the fi	13a S	aryland orch	other institution, give residence before ATY Rhodesd	VN 134, INSIDE CITY LIMITS?  YES NO X	130 STREET ADDRESS / Rd. 1. Box	ZIP CODE n/170
mpletely and 2 s	14. FA	Willis K. Brir	nsfield. Sr.	15. MÖTHER'S MAIDEN NA FIRST  Sadie Mills	WE	LAST
3 3		VAS DECEASED EVER IN U.S. ARA		JRITY NO. 17 INFORMANT	ADDRES	Titto de a de Te
		No No OK GARAGWA)	220-12-	2059 Dorothy R. B	rinsfield, R	d. 1, Box 85, Md.2
B ) went, the		PART I. DEATH WAS CAUSED	ly ane cause per line far (7.0), or D BY: E CAUSE (a)		nous	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-1112		THE STATE OF THE S	1	4 2	110	1-1
d by the attending ease remove collection, or re- or other froumotic or		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE (c)	in he / focus	-Sie / Z-	frection
n signed by the attending. Then please remove control buriol, cremotion, or reinjury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	in he / focus	Jiz/ 3	OITION GIVEN IN PART 1(0
hos been prior i	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	Te for	INAL DISEASE OR COND  780 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sigma \cdot \)
ysicion. Cote hos been onsit permit. T Hygiene prior t 8 shows ony in	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  116 TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  214 HOW INJURY OCCUR.	28a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES
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by the hospital or attending physician.  Rat DIRECTOR After this certificate has been detached for use as the burial-transit permit. I note Dept. of Health and Mental Hygiene prior I note Dept. of Health and Mental Hygiene prior I is marked or them 18 shows any in them 21 is marked or them 18 shows any in the property of the propert		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER) 22e I certify that (I) (this hospit say the deceased alive of 2 and 10 an	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  198 CONDITION FOR WHICH  P.M.  216 PLACE OF INJURY  1A1 HOME STREET FACTORY, OFFICE IN THE CONTRIBUTION OF THE C	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  AY YEAR 19 211 LOCATION STREET  DEGREE  ATTENDING	280 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN 2, 10 5  death occurred an the date	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO  IN ITEM 18. PART 1 OR PART 21  TO COUNTY STATE  19 1 that (1) (we) labele and hour and from the couses stated
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Sadie Mills

220-12-2059 Dorothy R. Brinsfield, Rd. 1, Box 85, Md.21659

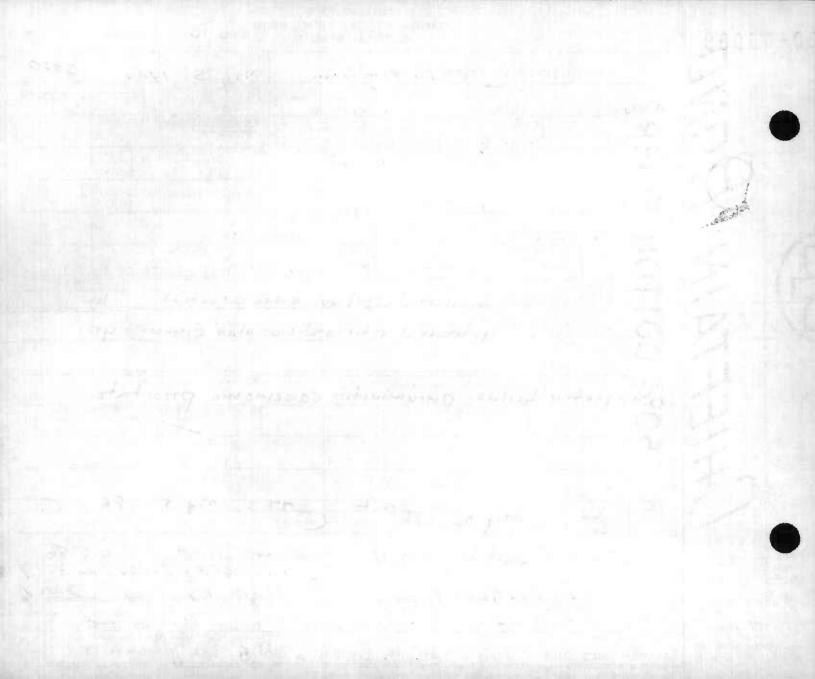
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(VRA 15 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME 26. HOUR LTYPE OR PRINTS 1986 Raymond L. 19. Brown May 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 3, DAY 1922 HOURS Male White Mar. 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico Maryland DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Coulbourne Mill Timber Broker Salisburv PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
136 COUNTY
137. CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1111 Coulbourne Mill Maryland Wicomico Salisbury 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bromley Lloyd Ersie Brown Salisbury RESS Md, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes no or unknown) War 2 7360 Edna Long Brown, 1111Coulbourne Mil: War 218-16-APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Lioblastoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from. 56707.15 Mais 19 86 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) five (did) (did not) view the body after death 226 SIGNATUR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS CIAN'S NAME LTYPE OR PRINT the 32 WESLEY 230 NAME OF CEMETERY OR PENNETORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 5/21/86 Wicomico Memorial Salisbury, Wiconico, BP. DHMH - 16 50M 4/82 Princess Anne (VRA 15, 4)

aw Ito, test Permaned I.J. Sporting esce , ... 2.12 healtma. Salisbury | 1111 Coulbourne will He. | Cimber Sports large and wisconica full as a lift was a lift went bourse will be Alord ... Por n Beliefur, j d Post New 2 ... 214-11-27-00 1439 Inc. Brown, 111 authornes [1] Trans. Shows & The State of the State MARCHINE TO SERVICE TO unical colonian ico de comista alicano, de colon, de The state of the s

9 BALTIMORE CITY OR COUNTY OF DEATH **WICOMICO** 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY General Store 13e. STREET ADDRESS Lillian Street 21830 Darby John H. Elliot POR (Son) Route #50 Box 180 Hebron, Maryland 21830 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY d that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 5/9/1986 PHYSICIAN A DIRECTOR PHYSICIAN 22e ADDRESS Locust & Quincy Streets, Salisbury, Md. 21801 Joseph Raffetto, M.D. 23a. BURIAL, CREMATION, REMOVAL 23¢. NAME OF CEMETERY OR CREMATORY (SPECIFY) 5/11/1986 Burial Mardela Cemetery Mardela Springs, Wicomico, Md. 24. FUNERAL DIRECTOR Hottoway Funeral Home, P.A. Salisbury, Maryland june and dien-Rendelle

STATE OF MARYLAND

MONTH

26 HOUR

IF UNDER I YEAR

DHMH - 16.50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

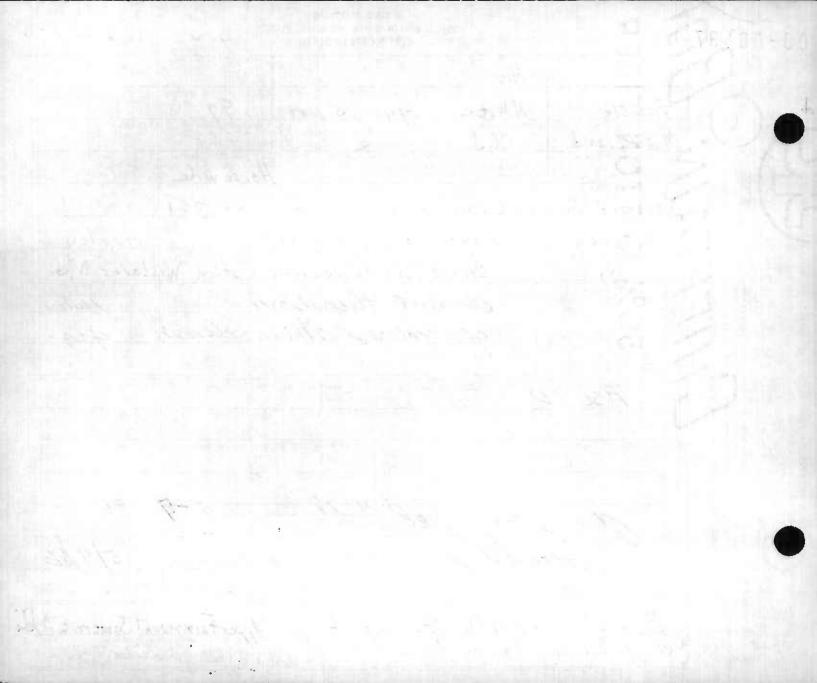
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0 0	1	3	3	1	Q
REG. NO.					

FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 6	155/8
DECEASED NAME FIRST	ta Mac Catlin	LAST	20. DATE OF DEATH MON	5-7-86 2:30 P M
Female	White Ap	ATE OF BIRTH MONTH DAY YEAR 15 1889	6 AGE (IN YEARS LAST BIRTHDA	YRS.
TIRTHPLACE (STATE OR FOREIGN DUNIRY)  TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		WICOMLCO	MD.
SALISBURY USUAL RESIDENCE (IF NURSING HOME OR	SALTSBURY NURSING	SSION)	HOUSE WILE	
Maryland Som A FATHERS NAME Warren	mode Laxfield	13d INSIDE CITY LIMITS? YES NO FINANCE NO MATRICE NAME OF THE STATE OF	€ WIDDLE	Horley
(YES, NO OR UNK YOWN) (IF YES, GIV	MED FORCES? 166/SOCIAL SECURITY 211-54-76	NO. 11 INFORMAINT	Catlin W	Vestorer Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DBY.  DE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  CONDITIONS CONTRIBUTING TO DEATH	of Called	so seles	700
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH OPER		20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES TO NO TO
	HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN	, , , , , , , , , , , , , , , , , , , ,
OR CONTRIBUTING CAUSE OF DEA	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, E	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
270.1 certify that (I) (this hospi saw the decreased alive as object (I) (we) idid (did se		DEGREE	deoth occurred on the dote of	nd hour and from the couses stated
EARL M. BEARSL		22e ADDRESS	RT. 50, SALI	1
23a. BURJAL, CREMATION, REMOVAL	10/61 DI	OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN  Upper tains	10 unt Samerset ME REGISTRAR'S SIGNATURE

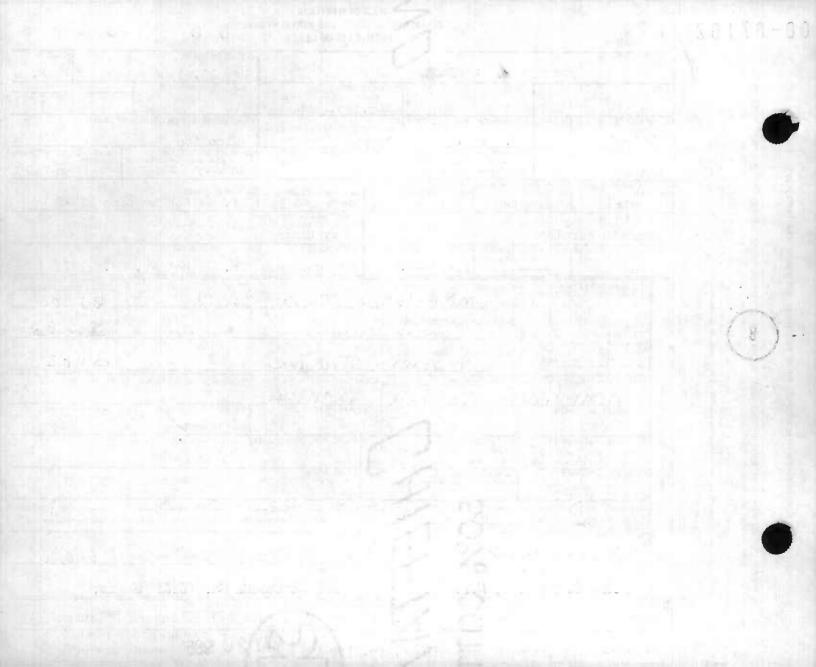
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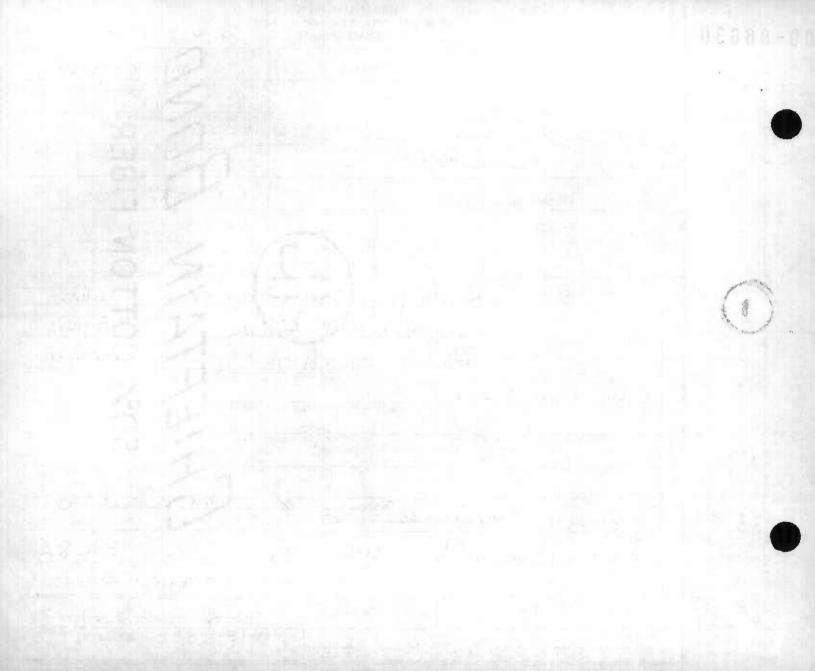
BP.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical exam



00 07102	_ FOR		DEPARTA		OF MARYLAND ALTH AND MENTAL HYC	SIENE es e	1 100 0 7 63	
00-07102	- STATE REGISTRAR		JEI AIIII		CATE OF DEATH	S O REG. NO.	1 2 3 1 1	
	I. DECEASED NAME	FIRST	MIDDLE	LA	ST	24. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
e 4 moy be thar, page 3 s ofter death	(TYPE OR PRINT)	Mary k.	COCRON			May 15, 1986	7 P. M	
wow woo	3. SEX	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
	Female	White		Nov.	23. 1909	76 Y	RS. DAYS HOURS MIN.	
Pog dir	7a. BIRTHPLACE (STATE OR COUNTRY)		WHAT COUNTRY?	8.	₽ NEVER MARRIED □	9. BALTIMORE CITY OR COL		
death. Pog	Illinois	U.S.	Α.	WIDOWED		Wicomico	MD.	
on softer d	10. CITY OR TOWN OF DE	(IF NOT IN SU	OCH FACILITY, GIVE STREET		OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY	
	Delmar	Foskey		S ADMISSION II		Poultry Growe	r Holly Farms	
N 42 elle 24	USUAL RESIDENCE (# NUR 130. STATE Maryland	13b. COUNTY Wicomico	Delmar	/N	13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS Rt. #3 Foskey	y Lane 21875	
Within Within	14. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE	LAST	
W PERAD	Dominic Kon	nibe	(ASI	0 = 0	Mary Striet	MIDDLE	(#31	
ME, dicol	168 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS		
BALTIMORE of be execu- of be execu- of by the medical	No		214 10-9	778	John Cocron	Rt. #3 Delman		
T., BALI	18. CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause pe /AS CAUSED BY: IMMEDIATE CAUSE (o)_	me far (a), (b), an	18 (c).)	Cancir	calow	BETWEEN ONSET AND DEATH	
SN S	DUE TO OR AS A CONSEQUENCE OF							
PRESTON markon, or r troumotic	Canditians, if any	, which ( (b)_	Cance		100		Jan 83	
× c e e	gave rise to im- cause (a), statis underlying cause	ng the DUETO.	OR AS A CONSEQUE	ENCE OF	enBarte		12405	
gned buriol, or o		NIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 11a	
9 P 12 T 12	5 WMI	Modinary	Diabe	1211	willes			
low re	19g. DATE OF OPERA	TION 196. CON	DITION FOR WHICH	OPERATION	I WAS PERFORMED	INC	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?	
The Cion.	all		O. B. Livay	400	In How blunk occur	YES NO TO	YES NO	
ON OF VITA TYSKIAN: TI ding physici is certificate Murial-transport	On Coursements with		OF INJURY A.M. MONTH DA	AY YEAR	ZIE. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	A 18 PART 1 OR PART 2)	
PHYSICIA tending pl this certif the buriol-ind Mentol	(IF EITHER NOTIFY MED  21d. IN JURY OCCUR		P.M. E OF INJURY	19	21f. LOCATION			
DIVISION OF VIT  NG PHYSICIAN: Offending physician for this certificat of the buriol-from th and Mental Hys orked On Henrill Hys	WHILE NOT W	HILE THOME, S	TREET, FACTORY, OFFICE, F	FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE	
	22a I certify that	(this hospital) ottended t		1	15 1983	to_ Pascot	, that (i) (we) last	
ATTEND sspital or CTOR: A of for use m 21 is m	saw the deceos abave, (1) (we) (	ed alive an did) (did nat) view the bad	My a 198	b, and	d that in (my) (aur) apinian	death accurred an the date and	d haur and from the causes stated	
8 % 8 % 9 m	721 SIGNATURE	0 )		Designation of the last of the	EGREE	WEDICH CTASE	22c. DATE SIGNED	
TAL O Y the XAL D detoc Dote D VI. W	- JONN	Laston	Y	W. T		MEDICAL STAFF DIRECTOR PHYSICIAN	5/16/86	
OSPE ed b UNE d be si RTAN	220 PHYSYCIAN'S N			AU.	22e. ADDRESS			
TO HOSPITAL or retained by the should be deto with the Store L. IMPORTANT: #		. Meadows, N				ide Dr. #B202	Salis.	
	230. BURIAL, CREMATION,		1006	NAME OF CE	METERY OR CREMATORY	23d LOCATION ark Delmar Suss	COUNTY STATE	
BP		3-19-	-1986 St	. Ste				
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR  Marvel-Shot	rt Funeral H	ome Delman	r. De.	19940 MA	TEREC'D BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE	





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0-06141	1.	FOR INTO . 5/15/ STATE REGISTRAR	186 PILE DEPARIN	EENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	SIENE 8 6 I	5 5 8 1
oy be deoth		CEASED NAME FIRST OR PRINT)	MIDDLE	CODES	26 DATE OF DEATH MONTH	1986 1948 M
for po	3 SE	x Unknown	RACE	S. DATE OF SIRTH	6. AGE (IN YEARS LAST) IRTHDAY	IF UNDER I YEAR IF UNDER CORRES
Poge	7a. 8		L CITIZEN OF WHAT COUNTRY?	5 5 86	9 BALTIMORE CITY OR COUNTY	. 01
deoth.		COUNTRY)		MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	MD.
oy the filed with		alisbury	Peninsula Ger	G HOME OR OTHER INSTITUTION TER AL Hospital	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR EI INDUSTRY
24 hour filled in the ould be f		AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUN'	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13t. CITY OR TOWN		13e.STREET ADDRESS / ZIP CODE	00000
RYLA Vithin	14. F	ATHER'S NAME	NDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
A bar on plant				Corethia	Lavern	Copes
MORE, execu		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
RDS, 201 W. PRESTON S equires that the cath car magned by the trending Then please residuoidal. Of the injury, or other transmittle.	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	(b)	NCE OF	MINAL DISEASE OR CONDITION GIV	VEN IN PART Ito
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITE		? To ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART T OR PART ?)
NISSION Comments of the comments of the commen	MEDICAL	21d INJURY OCCURRED  WHILE ON OT WHILE OF AT WORK	21e PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN TOS. At the one o of Health			ol) ottended the deceosed from	, ond that in my (our) opinion	deoth occurred on the date and hou	19_Sb., that (D(we) last or and from the causes stated
AL OR A. The house of the Dept.	1	77% SICHATURE	Newprite Body offer deoffi.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
D HOSPITAL horned by the Control of the Solid		AL FULL	Kolls	22e ADDRESS		
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIAL)	236. DATE 231 N 5-8-86 Pc	AME OF CEMETERY OR CREMATORY	13d LOCATION CITY OF TOWN THE SOLISHER U	COUNTY STATE
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	0 0 0 1 10	25a. DA	TE REC'D. BY REGISTRAR 756 REGIST	
(VRA 15, 4)	2	Edith P. Johnso	n Peninsula G	eneral Hospital MA	113	

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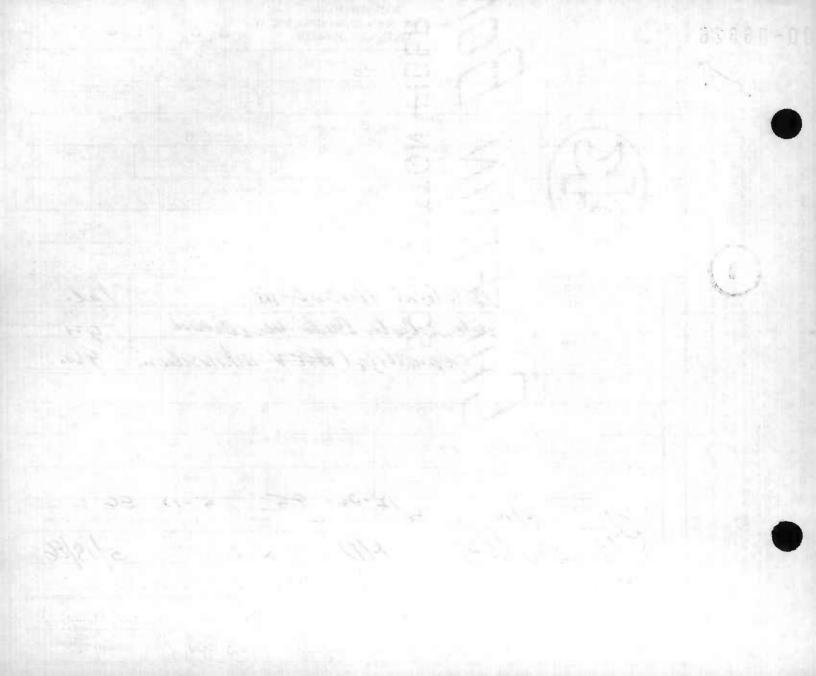
STATE OF MARYLAND

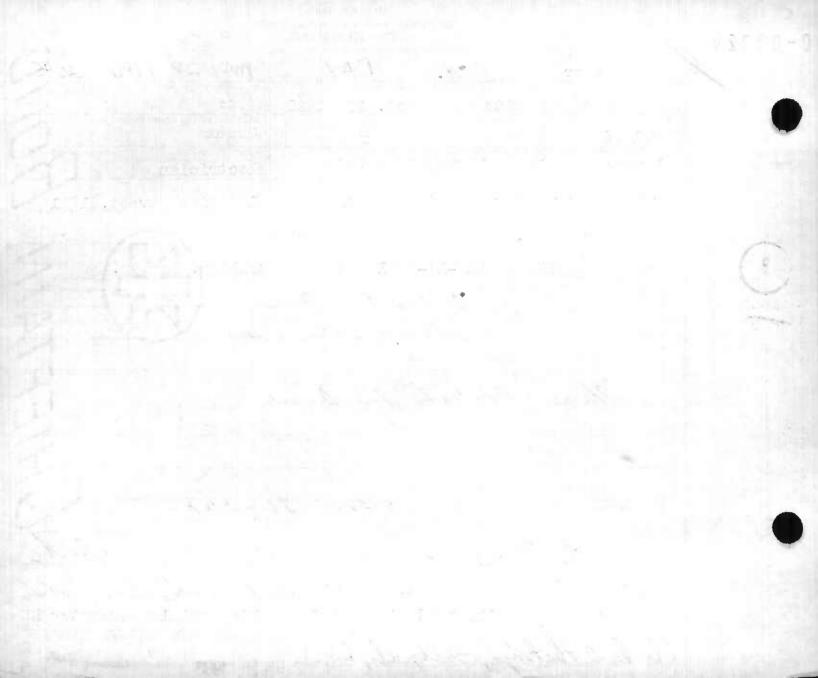
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	3 0 2
	1. DECEASED NAME FIRST	MIDDL	lE l	AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Iola	Anita	Da	vis		0512-1986	10:24 %
1	3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	01	20 1907	79	YRS.	HOURS MIN.
	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
	New York	U.S.A.	WIDOWE		Wicomico	)	MD.
)	Salisbury	Salisbu	PITAL, NURSING HOME C CHITY, GIVE STREET ADDRESS) TY NURSING H		120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	ION DF WORKING LIFE) 12b. KIND OF INDUSTRY	F BUSINESS OR
-			residence before admission) CITY OR TOWN Salisbury	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A	zip code inehurst Avenu	e 21801
,	14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	1241	
	George		Eyck	Elizabeth			Dixson
1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT	MED FORCES? 16b	214-10-7883	517 N. Pineh	. Victor O. l urst Avenue,	Davis (Husband , Salisbury, Mo	d) d. 21801
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ly ane cause per line	farial, (b) Indic	111.21	,		MATE INTERVAL DISEBAND DEATH
		TE CAUSE (a)	rellax	Monopol	W.	/a	L.
		DUE TO, OR AS	A ONSEQUENCE OF	t. A. O. 11	" Wina	.0	
	Conditions, if any, which gove rise to immediate	( (b) OC	Mischarland	e inian-m	Le corece	4	21
9	cause (a), stating the underlying cause last.	cause (a), stoting the DUETO ON AS A CONSEQUENCE OF A					
		1 (1)	general	841 0000	-uyy 10 Sc	uon f	W,
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110	
	190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN	IGS USED
	OF .				YES NO	IN CERTIFYING CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN		21c HOW INJURY OCCURE			NO L
	OD COLUMNIC CHIEF OF OF	NIN .	MONTH DAY YEAR				
	OR CONTRIBUTING CAUSE OF DE.	21e PLACE OF IN	NJURY	211 LOCATION	CITY OR TO	OWN COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	MN COUNTA	STATE
	22a I certify that (1) (this hosp		ceosed from	26-1085		-17 186 1	hat (I) (we) last
	sow the precised alive on	tillies the boduette	19 66 , or	nd that in (my) (our) opinion o	death accurred on the de	ate and have and from the c	ouses stated
1	27h Mayer Mayer	2 6/1	6-	DECREE		Zh. DATYS	IGNED
	X1111 X1	UNIES	5		MEDICAL STAI		3/26.
	CONTYSICIAN'S NAME THE			22e ADDRESS			00=
	Earl M. Beard	astey,MD		US 50-Civic	Ave., Salis	sbury, MD 21	801
	230 BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Cremation	4/14/198	Salisbu	ry Crematory	Salisbury,	Wicomico, Ma	ryland
	24 FUNERAL DIRECTOR	al Hama F	A ADDRESS 1. I	25a DATI	REC'D BY REGISTRAR	256 REGISTRAR'S SIGNATE	JRS
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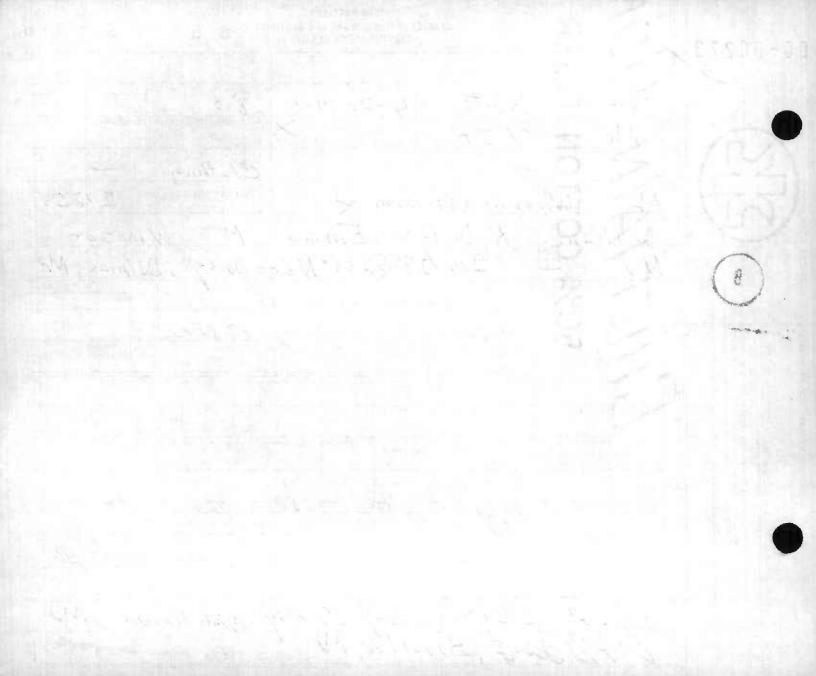


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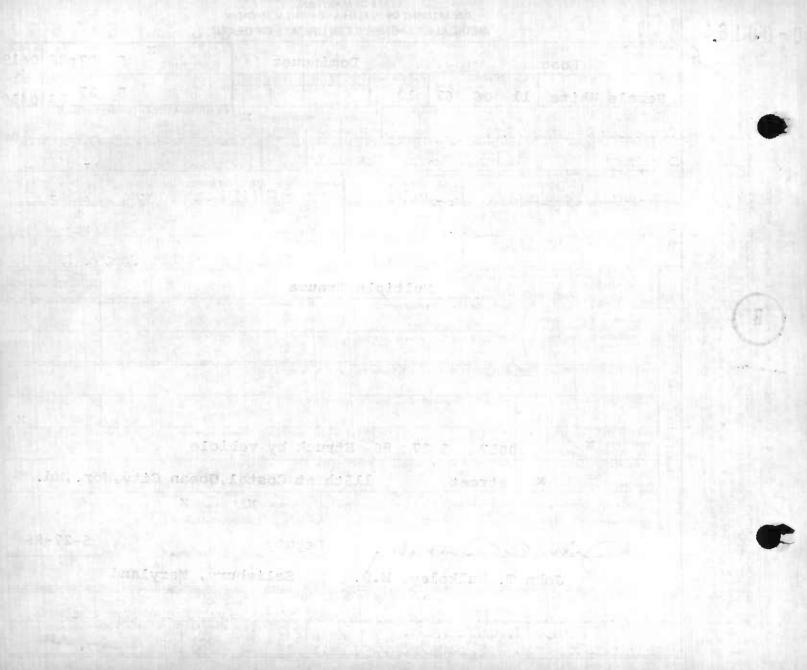
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN TO 2b. HOUR CTYPE OF PRINTS OF ESTI-1986 1248 Archie Doane. James 4 RACE AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 08 28 58 DE AD 1248 Male Black 1086 YRS 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY MD b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. WIDOWED [] DIVORCED Wicomico 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Salisbury Peninsula General Hospital LABORER PAINTER 21801 13a. STATE 13b COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 2120 NO D BOX 833 CHIPPEWA BLVD. WICOMICO SAL ISBURY 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ARCHIE DOANE SR HATTIE STEVENSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN ADDRESS 213-22-5432 Thelma Mae Doane same as deceased CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY: Pulmonary Embolus mins IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Fractured right patella 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITING THE ... RWARDED TO THE CH... AR PAGE 3 SHOULD BE USF IF STATE DEPARTMENT OF ITS OF THE STATE DEPARTMENT OF ... OF TRICK TO BURI 5-2-86 Fractured right patella YES X 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY 10 86 driver of 1vehicle in 2vehicle acci. CONTRIBUTING A CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM FTC 1 AT WORK AT WORK at Md565, Trappe, Talbot, Md. street Autopsy X Inquiry X 22a I certify that I took charge of the remains described above, held an Inspection and in my opinion Notural causes X death resulted from-Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL TO MEDICAL EXECUTE THE PACE SHOU TO FUNEXH AFTERDEATH BALTMORE Deputy DATE 5-7-86 SIGNED EXAMINER'S NAM John T. Bulkelev. M.D. Salisbury, Maryland (TYPE OR PRINT) ADDRESS 250 BURIAD CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 5-10-86 MT. CALVARY CEMETERY FRUITLAND BP WICOMICO 07/84 MD RT. # 2, BOX 920250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** JOLLEY MEMORIAL CHAPEL SALISBURY, MD 21801 (VR A15 ME (5))

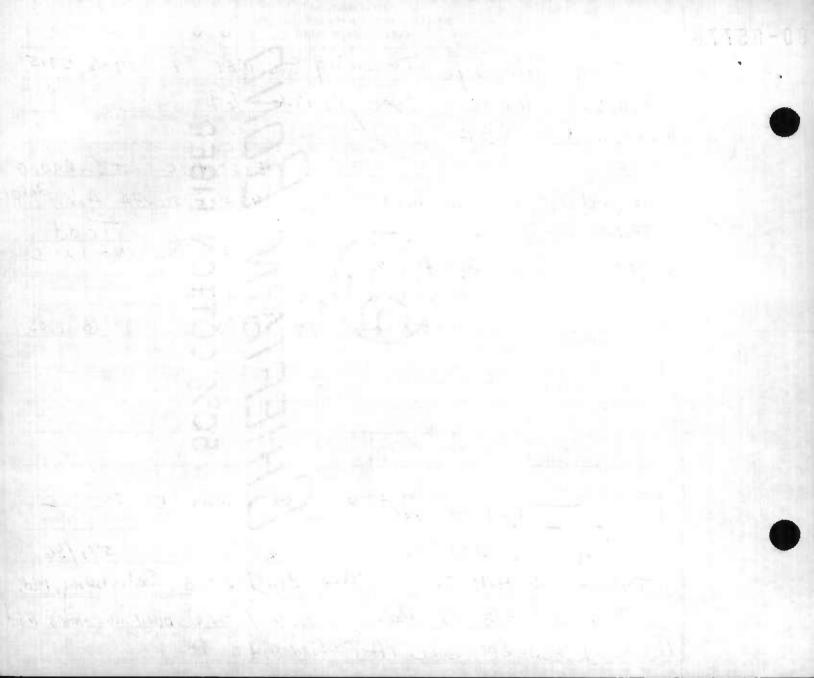
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	1			STATE OF MARYLAND			
08223		FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO		5 8 6
" ™ = N		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR	2b. HOUR
de de de	1.58	MILD	RED 4 RACE	W. DOLBEY  Is, DATE OF BIRTH	6 AGE_(IN YEARS LAST BIR	5-26-86  THDAY)   IF UNDER 1 YEAR	12:30P M
or other		temolo	White	4-30-19 BAB	84	MONTHS DAYS	HOURS MIN.
135		RTHPLACE USINE OR FOREIGN	TO SHAT COUNTRY	(?   8.   MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	WICOMICO	COUNTY OF DEATH	MD
190		ITY OR TOWN OF DEATH LISBURY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE SALISBURY NURSI	ING HOME OR OTHER INSTITUTION ET ADDRESS)  NG HOME	12d USUAL OCCUPATION OF THE OF WORK FOR MOST OF	F WORKING LIFE   INDUSTRY	OF BUSINESS OR
135		AL RESIDENCE (# NURSING HOME OR	ITY IBL CITY OR FO		13e STREET ADDRESS	ZIP CODE 2	1858
RAD	14, FA	WILLIAM	MIDDLE H. Doll	15. MOTHER'S MAIDEN N. FIRST  Emm 2	M. MIDDLE	Winds	61
0	76a. V	VAS DECEASED EVER IN U.S. ARI YELING OR UNKNOWN) (IF YES, GIVI	MED FORCES? JAB SOCIAL SE	VERITY NO. 17 INFORMANT	ce Dollax	, Delma	o, Md
ال	18	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line far (a), (b), (b) BY:  E CAUSE (a) CAMI		57.	APPRÓ: BETWEEN	XIMATE INTERVAL NONSET AND DEATH
that the attending the company of a company		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	AKY AKIKK	1 PISTA	52	
then plants of the plants of the plants of the plants of the the plants of the	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	lo:
1 2 1 9	TIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
of the state of th	CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART ( OR PART 2)	
of the first of th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TO	wn county	STATE
TOR At TOR At for use a of Health		220   certify that (I) (this hospit saw, the deceased alive on	5/25/ 19	19 Se , and that in (my) (our) apiniar	to 720		, that (1) (we) last e causes stated
A Digital of the beautiful of the beauti	18	12 SIGNATURE	William	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF DATE	S) BC
South the Student of		WILLIAM ROBINS		22e ADDRESS	WIC AVE, SAI	/_/	21801
BP	23a. )	SURIAL STEMATION, REMOVAL		NAME OF CEMETERY OF GREMATORY	23d LOCATION	Harvar ,	Modie
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME MONTH YEAR 2b. HOUR TYPE OF PENTS OF ESTI-Dominguez 27, 86 0419 Rosa Maria 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d. HOUR 2c. DATE PRONOUNCED 18 11 67 Female White 06 DEAD 04149 YRS TO BIRTHPLACE (STATE OF L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Wicomico Connecticut WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Peninsula General Hospital FOR MOST OF WORKING LIFE) Salisbury Student Un. of Md. LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS YES NO 14001 Drake Drive Maruland Montgomery Rockville 20853 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Dominauez Carmen Rouco 166 SOCIAL SECURITY NO. IM WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS YES. NO. OR UNKNOWNI Ramon Dominguez Father Same As 13 218-84-5587 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Multiple Trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR Struck by vehicle D057.M. CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 115th at Costal, Bcean City, Wor., Md. STATE street Inspection X 22a. I certify that I taok charge of the remains described above, held an Autopsy and in my apinian Suicide Hamicide L Undetermined manner 5-27-86 DATE MEDICAL EXAMINER EXAMINER'S NAME John T. Bulkeley, M.D. ADDRESS Salisbury, Maryland 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION May 29.1986 | Gate of Heaven Cemetery Silver Spring Montgomery Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Francis J. Collins, Jr. **DHMH-17** une davidson Randalle (VR A15 ME (5)) 500 University Blud. West Silver Spring. Md 15M 7/77





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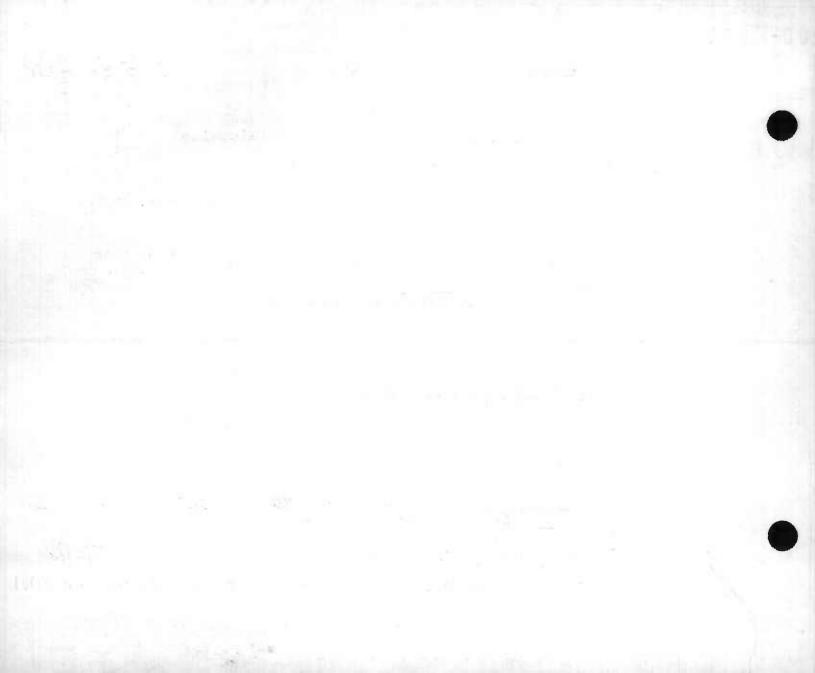
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician.  When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be july in and Memial Hygiene prior to burial, cremation, or removal.  orked or them 18 shows apy injury, or other traumatic event, the medical exagines must be based or them 18 shows apy injury, or other traumatic event, the medical exagines must be based.	gr co ur PA	ove rise to im- use (0), statir iderlying couse	, which nediate ng the last.	(b)	R AS A CONSEG	DUENCE OF	NOT RELATED TO THE TER		or condition	N GIVEN IN PAR	T 1ro	
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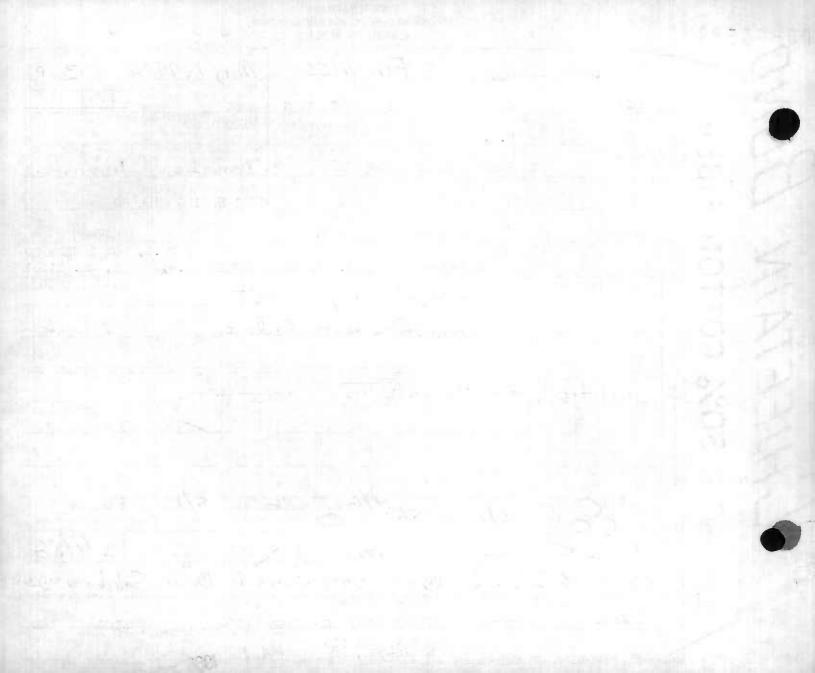
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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 1. DECEASED NAME FIRST O DATE KNOWN MONTH 7h HOUR X LTYPE OR PRINTS ESTI-DEATH MATED 5 2152 1986 Annie Fryer 6 6 AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 20. DATE MONTH LAST BIRTHDAY PRONOUNCED 215,2 1086 DEAD Black Female TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico WIDOWED X DIVORCED 176 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME. Hospital Salisbury General SEN FOOD MOOREY IN NURSING MOME OR OTHER INSTITUTION, 30 STATE COUNTY 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO X E 3 SHOULD BE L TO BU 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) TO FUNERAL DIS AFTER BATH, W BALTIMORE, MAN ACTUAL DATE 5-7-86 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ohn Bulkelev Salisbury ADDRESS Maryl and GrooVE 07/B4 25M (VR.A15 ME (5))

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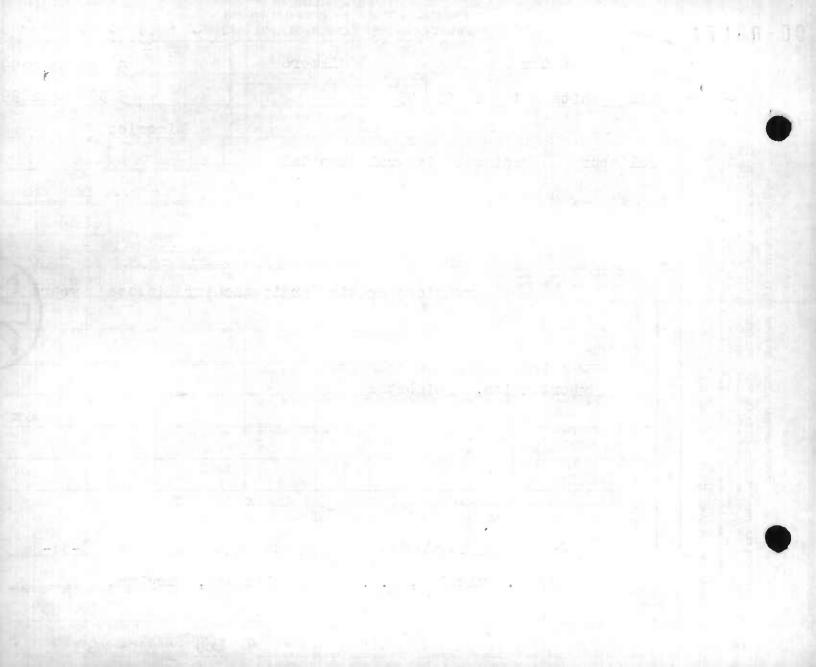
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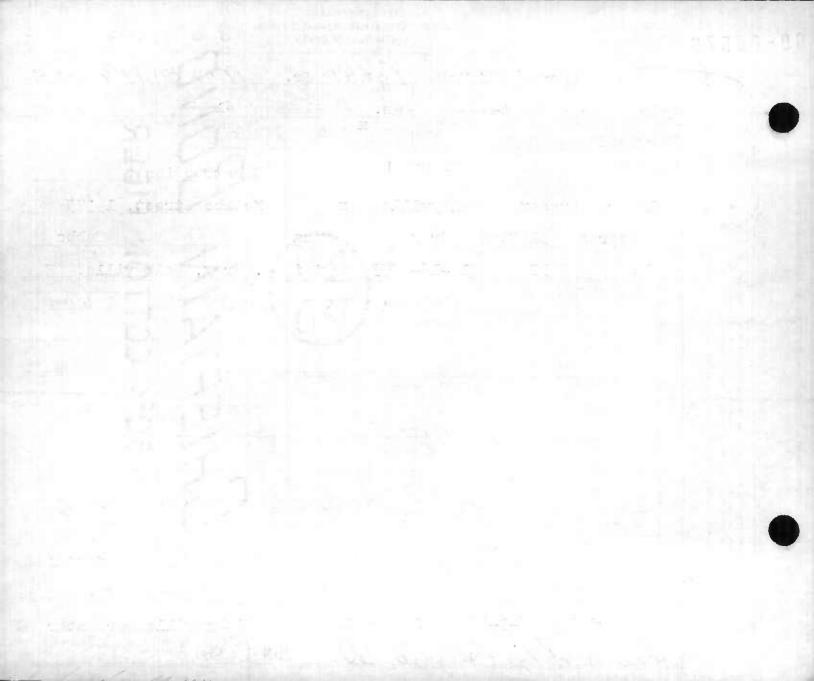
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-08471 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH LEVEL OF PRINT OF ESTI-Walter Lewis Gilmore 301986 4. RACE AGE (IN YEARS | IF UNDER TYR. | IF UNDER 24 HRS 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED White 225,8 Male BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! New York U.S.A. WIDOWED DIVORCED Wicomico CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS retired railroad supervisor Salisbury Peninsula General Hospital 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY HMITS? Ja INSIDE CITY LIMITS?
YES [X NO | RFD 1, Pine St., Box 21] Worcester Ocean City Maryland M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Gilmore Yetzer Anna Harry 17 INFORMANT Mrs. Leontine Gilmore, RFD 1 MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 288-07-3281 WWII Pine St., Box 211, O.C., MD 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, I AL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Hypertension. Diabetes 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 2Th. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME 211. LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN WHILE AT WORK STATE 220. I certify that I took charge at the remains described above, held an Autopsy and in my opinion Natural couses X death resulted from: Suicide Homicide \_\_\_\_ Undetermined manner TITLE (SPECIFY) 5-31-86 EXAMINER'S NAME John T. (TYPE OR PRINT) ADDRESS. Salisbury. Mary land 23a BURIAL, CREMATION, REMOVAL 23b. DATE Sunset Memorial Pk. Berlin MD 6/3/86 Worcester Burial 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 108 Williams Street **DHMH - 17** W. Kirk Burbage, Berlin, MD 21811 the Davidson Bandalle (VR A15 ME (5))



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL

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TO FUNERAL DIRECTOR

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fal OR a yy the hos Ral DIREC detoched ore Dept. VT: If Hem		22b. SIGNATURE	My.	guid			MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNI	ED
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director Iollöway Funera	al Home, F	P.A., Sälis	bury,		TE REC'D. BY REGISTRAR 256, REGISTR.	AR'S SIGNATURE	andelse

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH POECEASED NAME FIRST MICOLE TYPE OR PRINTS Albert F. 3. SEX 4 RACE IF UNDER TYEAR MONTH YEAR May 16. 1913 White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Wicomico DIVORCED WIDOWED Delaware U. S. A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR O CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Peninsula General Hospital Salisbury DuPont Co. Supervisor AL DELINE STITUTION GIVE RESIDENCE BEFORE ADMISSION HIL COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 905 E. Grove St. 79940 Delmar Delaware YES TO NO M Sussex 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Louise Ellis William Walter Hastings 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. HEYES GIVE WAR OR DATES) 043-01-3217 Catherine Hastings (same as above) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line top(o), (b), and (c), IMMEDIATE CAUSE 10) antenio de nutic heart docese PART I. DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNEICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO I NOF 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE May 220.1 certify that (1) this hospital) attended the deceased from, 1986 and that is (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME LITYPE OR PRINTIL 22e ADDRESS S. SALISBURY BLUD & PINE BLUFF RD SALISBURY MD DID. JOHN T. BULKELEY MD 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY Burial Delmar Sussex Delaware 5-17-1986 St. Stephens Cem. 24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 15 60M 7/84 Marvel-Short Funeral Home Delmar. De. 19940 (VRA 15, 4)

2111 Mingelle 11:50

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2g DATE OF DEATH DECEASED NAME FIRST 2h HOUR TYPE OR PRINTS C. page . William 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5 DATE OF BIRTH MONTH DAY ONTHS DATS September 23, 190' Male White BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED USA Maryland WIDOWED DIVORCED Wicomico 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Peninsula General Hospital Banker Salisbury USUAL RESIDENCE (IF NO Bishopville Road, COUNTY Sussex Selbyville 13d. INSIDE CITY LIMITS? Delaware YES | NOTE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Hastings Hudson Orlando Mary Lina 166 SOCIAL SECURITY NO. 17 INFORMANT 168 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) LIE YES GIVE WAR OR DATEST 221-09-7347 Emily L. Hastings, Selbyville. DE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c).1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21E LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) 22e. I certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive on. , and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter death: 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN E 22d PHYSICIAN'S NAME (TYPE OF THE 22e ADDRESS 23d LOCATION 736 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236 DATE May 10, 1986 Bishopville Bishopville Burial Worcester So DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Devidor

(VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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v.		
	REG. NO.	

	1 DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	5	
	Margare	t H.	4	LURLEV	may	1 19	786	000	5 M	
	3 SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTI		1 YE AR	IF UNDER 2		
2	FEMALE	WHITE	June		76	YRS	DAYS	HOURS	MIN.	
7	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	D A NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	ATH			
	North Carolina	U. S. A.	WIDOWE	D DIVORCED	Wicomico					
1	Salisbury	Peninsula	ty, give street address)  Ceneral Ho	espital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife		STRY	BUSINES	SOR	
	USUAL RESIDENCE (IF NU 130 STATE Delaware Sus	13c. C	SIDENCE BEFORE ADMISSION) ITY OR TOWN Imar	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / Holly Oak		49 k. 9	1994	3	
d	4 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA/	ME		LAST	37		
2	Thomas Harrington			Emaline Harri	ngton		LASI			
2	160 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRES	S				
	No	- 219	-30-7654	Calvin J. Hu	rley (same	as above	)			
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER-SIGNIFICANT (	gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF TRUE CO.								
	o brists ]	1/1/2/2010/2010								
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION I	FOR WHICK OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES				
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING AUSS OF DEA	TH HOUR A.M. M	MONTH DAY YEAR							
	WHILE NOT WHILE AT WORK	(AT HOME STREET FAC	TORY, OFFICE, FARM ETC.)	STREET	CITY OR TOW	N COU	NIY	\$17	ATE	
	220.1 certify that (1) (this hospi saw the deceased alp <del>e on</del> abave, (1) (we) (did) (did no	1/30	19 50	nd that in (my) (our) apinian o	death accurred on the dat	te and have and fro		hat (I) (we auses stat		
	226 SIGNATURE	D. Part	della	ATTENDING PHYSICIAN	MEDICAL STAFF		DATES	IGNED		
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS						
	230 BURIAL, CREMATION, REMOVAL	123b DATE	23c. NAME OF C	EMETERY OR CREMATORY	123d LOCATION		-			
	Burial	5-4-1986		l's Cemetery	Vienna Do	rchester	Mar	yland	ď	

IMPORTANT: If hem 21 is BP DHMH - 16 60M 7/84 (VRA 15, 4)

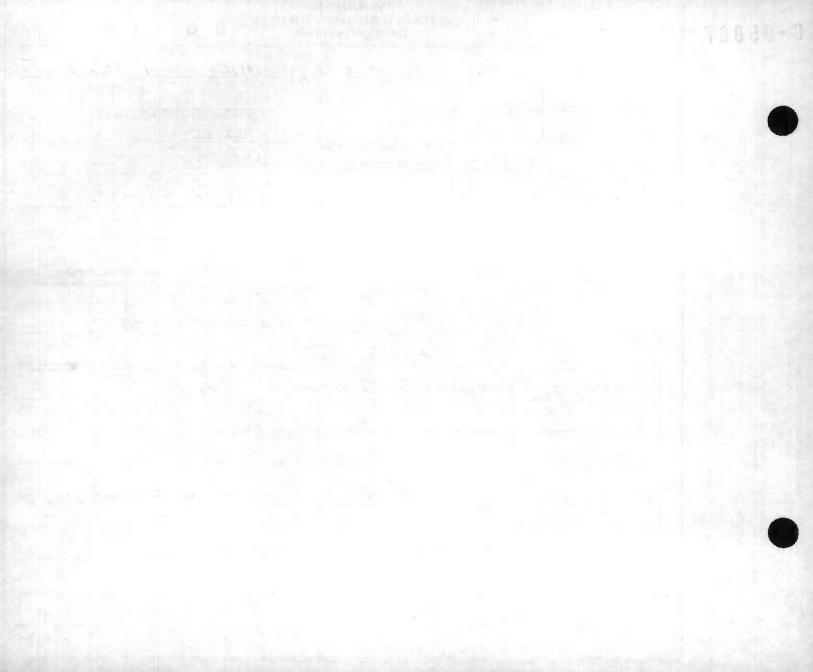
24 FUNERAL DIRECTOR

FOR - STATE

REGISTRAR

Marvel-Short Funeral Home

Delmar, Delaware



Funeral Home, East New Market, Mit

(VRA 15, 4)

STATE OF MARYLAND

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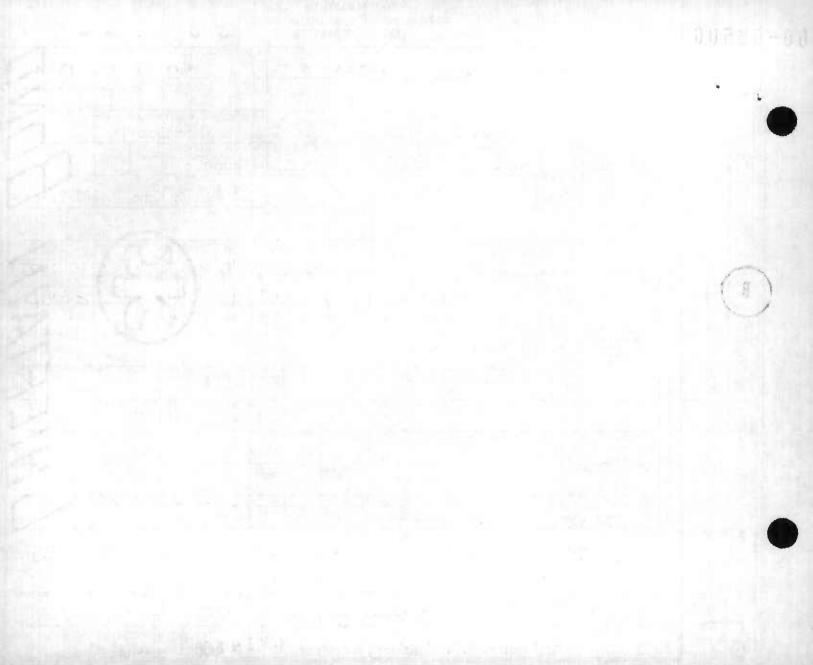
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_	REG. NO.	

	1-	FOR SIATE REGISTRAR	DE		EALTH AND MENTAL HYG	IENE 8 S	. 1	5 6	0 9
1	1 DEC	CHASED NAME Charles	G.	H. Hu	rlock	20. DATE OF DEATH	MONTH DAY		DE HOUR
	1.560	Male	<sup>1. RÔSE</sup> White	5 DATE C	21 <sup>DAY</sup> 1938	6. AGE (IN YEARS LAST BIRT	YRS	S DAYS	IF UNDER 24 HRS
1	C	ambridge,Maryla		MARRIE		BALTIMORE CITY O Wicomico	R COUNTY OF D	DEATH	MD.
0	Sa	alisbury	Peninsula Ge	heral Ho		170 USUAL OCCUPATION OF WORK FOR MOST O		KIND OF	BUSINESS OR
3	1311		orklin Per	R TOWN		Route #1 Bo	ZIP CODE OX 46	2413	37/9
A	D. FA	Charles	M. Hu	rlock	Ruth	WE	Galla	aher	
3		VAS DECEASED EVER IN U.S. ARA YES NO WUNKNOWN) (IF YES, GIVE		1 SECURITY NO. 36-5688	17 INFORMANT Mrs. Same as #13e	Linda I. AND			
	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  ONDITIONS CONTRIBUTIN	ISEOUENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	N PART Tra	
1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WEIN CERTIFYING	RE FINDING CAUSES C	OS USED OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK  AT WORK		19	216. HOW INJURY OCCURR		LY IN ITEM 18 PART I C	OR PART 2)	STATE
	100	22a. Lectify that (I) (this haspith saw the deceased alive an above, th (we) (did) (did not 22b. SIGNATURE	5/24	_19_ <b>&amp;</b> , a	nd that in (m) (aur) apinian of DEGREE  ATTENDING PHYSICIAN		F	from the co	
	Time of	22d PHYSICIAN'S NAME (TYPE ON	BAGLEY		22e ADDRESS 3/3	LEMON	nd 2	1861	/
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	<sup>23b_DATE</sup> 5/27/1986		ton Cemetery	23d LOCATION CITY OF TOWN Hurlock,	Dorchest	ter, Mc	ryland
	24 EL	INIEDAL DIDECTOR			25a DATE	DEC'D BY DECASIDAD	TEN DECISTRADIO		Supply of Eastern

DRMH 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH L DECEASED NAME IOŽŽO LIVPE OR PRINT 12, 1926 Margaret 0. 10220 MAY 3. SEX S DATE OF BIRTH 1903 Female White 82 Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Wicomico New York DIVORCED WIDOWEDK IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 126 KIND OF BUSINESS OR Peninsula General Hospital TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Salisbury JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Sussex Seaford 136. INSIDE CITY LIMITS? 903 Midway Lane Delaware 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Ougheltree Elizabeth Rath George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Helga Donath (YES NOR UNKNOWN) HE YES GIVE WAR OR DATEST 076-07-7529 925 N. Atlanta Circle, Seaford, Delaware 19973 18. CAUSE OF DEATH (Enter only one couse per line (0, 10), (b), and ic.
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hampling attended the deceased from , and that in my (our) opinion death accurred on the date and hour and from the causes stated 77h: SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN [ THE PHYSICIAN STRAMERTHE DEMINIT 22e ADDRESS Roger Merrill, M.D. 100 Power Street, Salisbury, Maryland 21801 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE Cremation Salisbury, Wicomico, Maryland 5/14/1986 Salisbury Crematory 24 FUNERAL DIRECTOR 250 DATE REC'D. DHMH - 16 60M 7/84 Funeral Home, P.A., Salisbury, Maryland MAY 1986 Juna Davidson Bondary Holloway (VRA 15, 4)

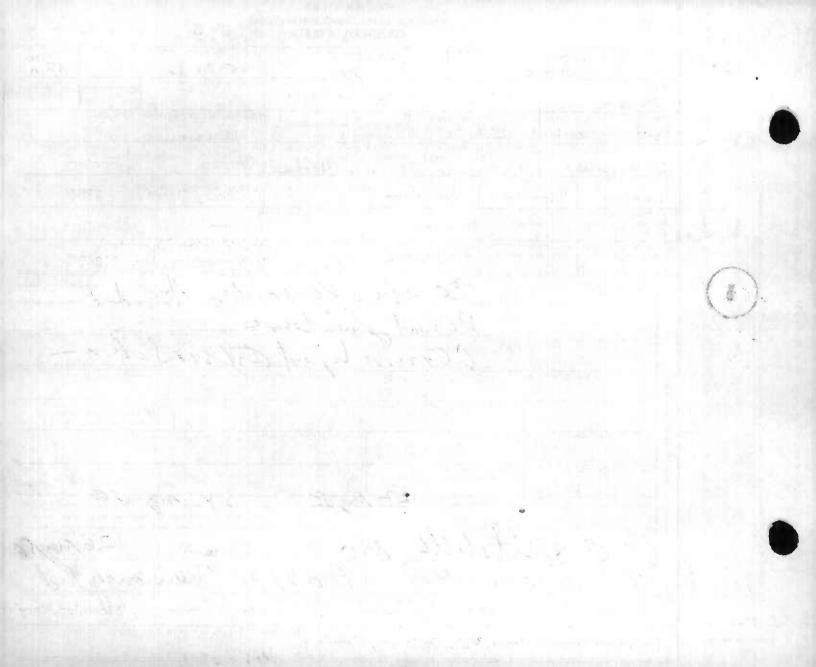


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME DATE KNOWN IX MONTH E.dward (TYPE OR PRINT) OF ESTI-Marvin Jennings 1986 0231 N 72 HOURS TON STREET 4. RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE FUNERAL DIRECT 5 FOR YOUR FI MONTH LAST BIRTHDAY) DAY PRONOUNCED 26 Male White 8 11 59 DEAD To BIRTHPLACE ISTATE OR 76. CHIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA WIDOWED Wicomico DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Salisbury Peninsula General Hospital Ret .- Printer U.S. Printing OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS
210 Golf Course Road 13c. CITY OR TOWN Maryland Ocean City NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jennings FIRST Hughlee Simmons Mary 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 8601 Temple Hills Yes 231-16-2971 Anthony D. Jennings, Rd, Temple Hills, W.W. II 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Heart Disease DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | NO X 8 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 214 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STYLE BANTHONE, 2 BANTHONE, 2 X 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion Notural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) 5-7-86 Denuty EXAMINER'S NAME Bulkeley. M.D John T. Salisbury. Maryland 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Mountain View Cemetery May 12,1986 Vinton, Virginia 07/84 25M 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5))

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100		CEASED NAME Jess	ie ,	Pätti	Johr	son		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	10
4 4 4	,,,,,	Je	essie		John	SON		5-24-			12	AM
The same of	1.5E	X	4 RACE		5. DATE OF		YEAR	6 AGE (IN YEARS LAST	_	ONIHS DAYS	HOURS /	HR5
-	-	Female	White		06	22	1891	94	YRS.			
286		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED	NEVER .	MARRIED -	9. BALTIMORE CITY		OF DEATH		
13/		altimore,Maryl			WIDOWED	Later Company	NORCED [	Wice	mico	T		MD.
30	×	oles Busy	INF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET		ine H	one	120 USUAL OCCUPA ITYPE OF WORK FOR MOS Garment	OF WORKING LIFE	126. KIND O INDUSTRY Facto	or A	OK
36	13m	AL RESIDENCE (IF NURSING HO STATE 136 C	OME OR OTHER INSTITUTION. COUNTY VICOMICO	134 CITY OR TOV Parsons	burg	YES T	NO [	13e STREET ADDRESS	ZIP CODE	218	349	
1	H.E	ATHER'S NAME	WIDDLE	- IAST		5 MOTHER	S MAIDEN NA			LAS	T	
Ed	0	George	771500	Simmons				Unknown				
/ redicol		VAS DECEASED EVER IN U.S	S. ARMED FORCES? res. give war or dates)	213-24-0		P.O.		ry Middleto 3, Parsonsb			>	
agon highly, ar other trou	FICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause loss PART 2 OTHER SIGNIFICATION	DUE TO, O  ST  (c)  ANT CONDITIONS CO	R AS COMSEQUE	DEATH BUT N		D TO THE TERM	MINAL DISEASE OR CO	IN CERTIFY	WERE FINDIN	OF DEATH?	?
6 4/	E	716. ACCIDENT WAS UNDERLYIN	NG T 216, TIME C	DE INJURY		71c HOW IN	NIURY OCCUR	YES NO	YES		но 🗌	_
6	AL O	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH D	AY YEAR							
7	MEDIC	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE.		21f LOCATE		CITY OR	town	COUNTY	STAT	TE
ir mar		220.1 certify that (1) (this		e deceased fram.	22	may of	. 19	_, to	ma		that (I) (we	
2.0		above, (1) (we) (did) (d	did nat) view the body	after death.			(aur) apinion	death accurred an the	date and haur			ed .
1 1 1		27h SIGNATURE	mit	lill	N	VON		MEDICAL ST	AFF	26	May	26
APORTAN		724. PHYSICIAN'S NAME	tehe or print	11 H.D	2.	22e ADORE	623	78 So	list.	ury,	Ked	_
1.5	23a.	BURIAL, CREMATION, REMO (SPECIFY) Burial		/1986 Je	NAME OF CE	n Chui	ch Cen	ne ery Parso	onsburg,	Wicom	ico,M	arylo
OM 4/83	24 F	uneral director Holloway Fune	eral Home,	P.A., 109tal	isbury,	Marylo	and	TE REC'D. BY REGISTRA		RAR'S SIGNAT	URE	



		STATE OF MARYLAND	
0 00107	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH	4
0 - 0 6 1 6 1		CEASED NAME SIRST, MIDDLE ASS 20 DATE OF DEATH MONTH DAY & YEAR 26 HOUR.	
y be deorh	(TYPE	ORPRINI) William Gover MAY 27 86 83	7 M
ector, po	3. SE		MRS MIN.
Geoth. re		RTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOT COUNTY OF DEATH WIDOWED DIVORCED WILLOW LOO	MD.
by the fi	3	17 OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12. USUAL OCCUPATION  117 OF WORK FOR MOST OF WORKING LIFE)  118 WILLIAM OF BUSINESS  119 OF WORK FOR MOST OF WORKING LIFE)  110 OF BUSINESS  111 OF BUSINESS  111 OF BUSINESS  112 OF WORK FOR MOST OF WORKING LIFE)  112 OF WORK FOR MOST OF WORKING LIFE)  113 OF WORK FOR MOST OF WORKING LIFE)  114 OF BUSINESS  115 OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE)  115 OF WORK FOR MOST OF WORK FOR WORK FO	OR
y filled in	13a :	AL RESIDENCE (IF NURSING-TOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE  13. CITY OR TOWN  13. CITY OF TOWN  YES   NO  YES   NO  YES   NO  YES   NO  YES   NO  YES   NO  NO  NO  NO  NO  NO  NO  NO  NO  N	5
omeletel and 2 s		William Jone 15 MOTHER'S MAIDEN NAME  Vin Un un middle  LAST	
be exect on ond c		VAS DECÉASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS RES DOBUMENOWN) (IF YES ENE WAR OR DATE) 5 40-430 W/Zniche Jones, Quantico, M	1
ertificate g physici conpoper removal.		APPROXIATE NITERVA PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	ATH
deenh c		Conditions, if ony, which (b) User are Troct Sulection?	
(8)		gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE(OF (c)	
equir n sig Then r to b	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  Multiple Cerebral Lydenctions, Curonic Obstructive Frung Dise	ens
on. hos beer t permit ene prior	CERTIFICAT	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sum \ NO \( \sum \)  YES \( \sum \ NO \( \sum \)	,
ding physical physica		210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  19	
uG PHYS ottending ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE  AT WORK AT WORK	E
spitol or CTOR: Af for use of Health		22a.1 certify that (this hospital) attended the deceased from 100 ch 14, 19 85, to 100 21, 19 86, that (we saw the deceased alive on 127, 19 86, and that in (non-lour) opinion death occurred on the date and how and from the causes state above, (e) (we) (did) (did and) view the pody after death.	
TAL OR ANY the hos ANY the hos ANAL DIREC detached tote Dept tote Dept		276 SIGNAJURO  DEGREE  ATTENDING MEDICAL STAFF  STA	6
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	ADDRESS AT 349 BIVALVE M 250 DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS AT 349 BIVALVE M JUN 2 1985	ملا

VI VIII WILLOWING Jahrens Birowall Warmy Kent Parmer Pild Millianie augustice & OHI Pallinder 2186 William Jona- yar mar 11 1 - DE 40 Say Olamic Teres Preside JAM Burnel State Trans- Garage Commerce, He

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10 other o	100	20		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G. Peninsula G			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) IN		BUSINESS OR
LAND 212	at plant	35	Ma:	AL RESIDENCE (IF NURSING HOAD COLOR TO THE N	INTY I3c. CITY (	CE BEFORE ADMISSION) OR TOWN  ertown	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA	RFD Queen	ZIP CODE	2162	20
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A RECO	A STATE	19	TIPICA	198 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	CAUSES	OF DEATH?
OF VITA	physical physical physical pal Hyg	0	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	ET IN ITEM 18 PART 1 (	OR PART 2)	
VISION	artending by this ca s the burn and Men	ked or b	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
d dual	TOR At for one of of Health	214 7		220.1 certify that (f) (this has	oital) attended the deceased in		nd that in (my) (our) opinion	death occurred an the do	19 ate and hour and		hat (I) (we) last auses stated
O V	AL DIRECTORES OF Dept.	1		12 SIGNATURE Konald	ed lins		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		27E DATE S	HIBLO
HOSPIL	O PUNES	APORTA		22d. PHYSICIAN'S NAME (TYPE Ronald	ORPRINT) H. Jönes		Salisbury,	Md.			
2	1 - 23	51		SURIAL, CREMATION, REMOVA	L 23b DATE	A 1000 1000	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	UNTY	STATE
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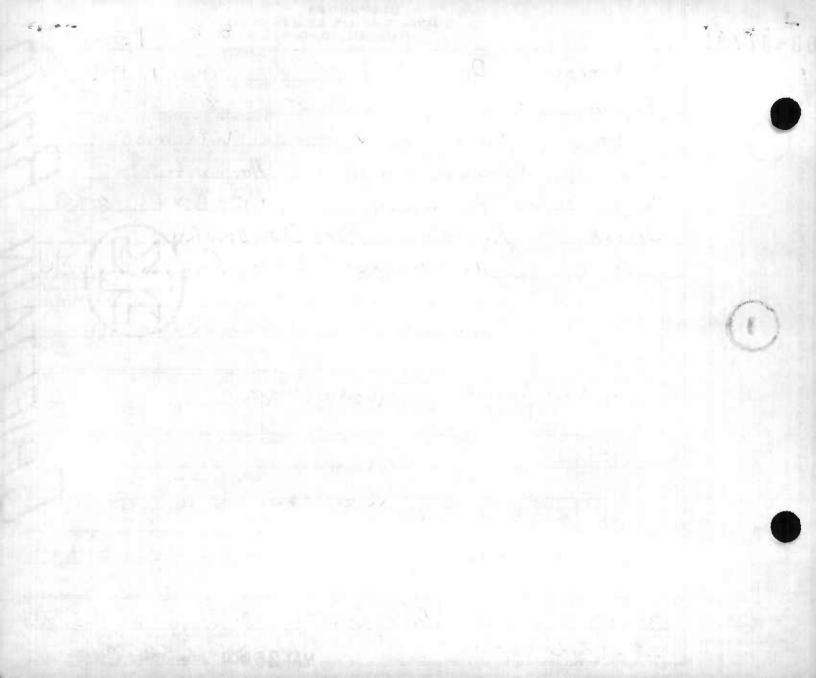
	1,	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	GIENE B E	0.	5 6	11
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	3. SE)	(	(1)	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN,
Z	Fe	male		White		Augu		66	YRS		
1		RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_	F DEATH	
	4	Maryland	100	USA		WIDOWE		Wicomi			MD.
	S	TY OR TOWN OF DEA Salisbury	1	(IF NOT IN SUC Dee1	ris Head	Cente:	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS OR
5	M	AL RESIDENCE (IF NURS STATE [aryland	Worce		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Bishopy	N	134 INSIDE CITY LIMITS? YES NO X	Rt.1 Box 2	ZIP CODE	21	813
21	IA FA	THER'S NAME	MID	DIE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	ī
U		Grover		C.	Little		Daisy		Evans		
2		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADDRI			
1		No			220-12-08	314	Edwin N.	Justice, Bis	hopvil		MATE INTERVAL ONSET AND DEATH
	CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	g the last	(c) NDITIONS <u>C</u>		DEATH BUT	Chronic NOT RELATED TO THE TERM	AINAL DISEASE OR COR	IN feel DITION GIVE	N IN PART 110	
4	TIFIC							YES NOTE	IN CERTIFY	ING CAUSES	OF DEATH?
		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH		DF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TIORPART?)	
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK NOW WHILE AT WORK	RED		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC ]	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an		19	, or	nd that in (my) (our) opinion	death occurred on the d			that (I) (we) lost causes stated
		226 SIGNATURE	M.8	Tues	tha		MD ATTENDING PHYSICIAN [	MEDICAL STA		5.1°	SIGNED 8.26
		22d. PHYSICIAN'S NA			M D		27e ADDRESS	0	7.2.1	20.3	07.007
	22- 2	BURIAL, CREMATION.	M. Shre			IAAAE OF C	Deer's Head	l Center, Sa	11sbur	y, Md.	STOOT
	(	Burial		236. DATE May 22	0		emetery or crematory emetery	Whaleyvil	e Wor	county	
	24 FL	JANA DIRECTOR	W. 4	hat	ADDIS	Obas	ill ) a Sa. DA	TE REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAT	752-1-12

DHMH - 16 60M 7/84 (VRA 15, 4)

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8 6 REG. N	40.	15	56	18
OF DEATH	MONTH	DAY	YEAR	26 HC

	1-	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 REG. NO. 15618									
		TEASED NAME PRIST OR PRINTING TEMPLE TEMPLE TEMPLE Wh	B. KA		8 AGE (IN YEARS LAST BIRT		56 6 AM				
5		RTHPLACE   STATE OR FOREIGN 76 CITIZEN OF	WHAT COUNTRY? 8  MARRIE  WIDOWS	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	COUNTY OF DEAT	HMD.				
1	10. CI	(IF NOT IN SI	HOSPITAL, NURSING HOME ( JICHFACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KII F WORKING LIFE) INDUS	ND OF BUSINESS OR				
5	13a. S	L RESIDENCE (IF NURS HOTHER INSTITUTO		13d INSIDE CITY LIMITS?  YES NO S  15 MOTHER'S MAIDEN NAM	13 STREET ADDRESS	ZIP CODE	2/853				
1	v	Joseph MIDDLE K	rutulis	Mary Du	mbrosk	V	LAST				
2		/AS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	John Bai	ley Prin	1	ne Md.				
		18 CAUSE OF DEATH (Enter only one cause po PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Cougestiv	e heart Je	allun	BETV	PROXIMATE INTERV VEEN ONSET AND DEATH				
,		Conditions, if any, which gave rise to immediate	OR AS A CONSEQUENCE OF	cotec caredion	vasculan d	uease U	ns				
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN IN PAR	RT 11a				
1	CERTIFICATION		DITION FOR WHICH OPERATIO	CALLET TO THE TOTAL TO THE TOTAL TOT	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH? NO				
9		OR CONTRIBUTING CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAR	1 2)				
	MEDICAL	21d. INJURY OCCURRED 21e. PLACE	OF INJURY TREET, FACTORY, OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn COUNT	Y STATE				
		22a.1 certify that ( (this haspital) attended to low the deceased alive on bow (1) (we) (did) ((id no)) view the bad	y after death.	nd that (m (my) (aur) apinion of	, to death occurred an the do	ate and haur and fram					
	Det.	726. SIGNATURE	ulsdy X	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAR DIRECTOR PHYSIC	F 46	5-18 86				
	1	URIAL CREMATION, REMOVAL 1216 DATE 18 19 19 17	181 Salish	EMETERY OR CHEMATORY CREMETER 1210 DATE	Salis buy	W SC A	mice "Md				



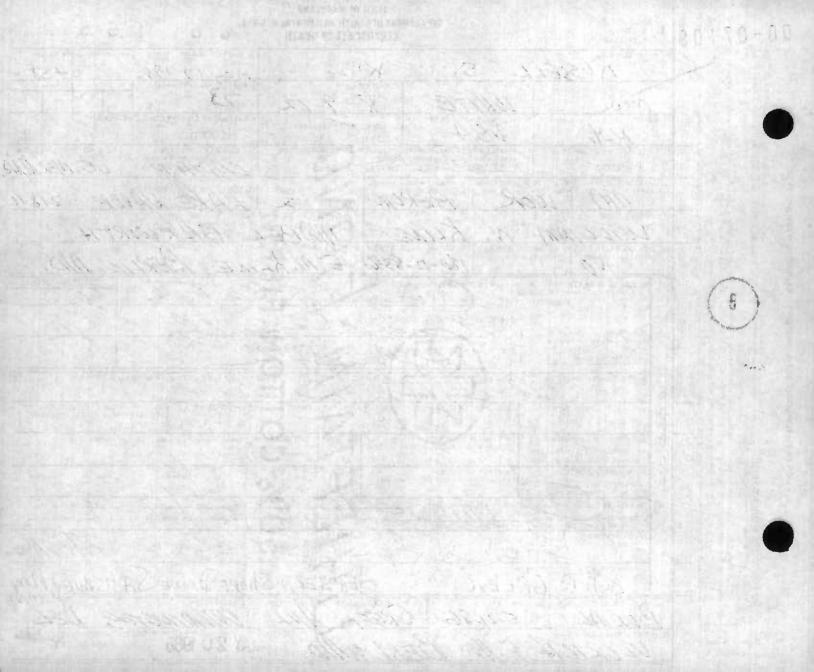
	STATE OF MARYLAND								
00-07527	1 - STATE RECISTRAR			CERTIFICATE O	F DEATH	S S REG. NO		0 1 9	
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2 50	Ralph				MAN		1986	1630 M	
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 SEX Male	4. RACE White	е	5. DATE OF BIRTH	1915	6. AGE (IN YEARS LAST BAR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.	
3 92/6	70. BIRTHPLACE   STATE OR FO	The second secon	WHAT COUNTRY?	8. MARRIED NEVI	ER MARRIED		R COUNTY OF DEAT	Н	
1 1503/	New York Ci		U.S.A.   WIDOWED   DIVORCED    11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Peninsula General Hospital		DIVORCED [	Wicomico		MD.	
i i OX	10 CITY OR TOWN OF DEA				INSTITUTION 126 USUAL OCCUPATION		ON 12b. KII	N 126. KIND OF BUSINESS OR WORKING LIFE) INDUSTRY	
10 10 10 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Salisbury	Penins			Retired C.P.A.				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within a hallow (ther this certificate has been signed by the attending physician and completely lifted in as the buriol-tronsity permit. Then please remove corbanpopers. Pages 1 and 2 shariff the fit than dental Hygiene prior to buriol, cremation, or removal.  Oxided or flear/8 showeapy injury, or other troumatic event, the medical example	USUAL RESIDENCE (IF NURSI 130. STATE Maryland	NG HOME OR OTHER INSTITUTION 136 COUNTY Wicomico	Salisbury	N 13d. INSID	DE CITY LIMITS?	532 Robinh	ZIP CODE	21801	
3 Con 1	14 FATHER'S NAME	WIDDLE	LAST		ER'S MAIDEN NA	WIDDLE		LAST	
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od co	160 WAS DECEASED EVER I	N U.S. ARMED FORCES?	166 SOCIAL SECU			Clare Kath	nan (Wife)		
IMORE In and c	(AEZ HO SKANKHOMH)	(w rest one annual property	081-10-	.8740 Sa	ime as #	13e			
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on ding corbing of r		DUE TO, C	R AS A CONSEQUE	MEE DE ) 4.	1-6-	pulities			
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that that d by eose al, c	underlying cause	nderlying cause last. (c)							
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ECO Dw r	196 DATE OF OPERAT	ION 196 COND	ITION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?	206. IF YES, WERE FI		
AL R. hos t per tene	E E					YES NO	YES 🗌	NO [	
VIII. I Wysic I	210. ACCIDENT WAS UND	1 110110 4		Y YEAR 21c HOV	V INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAR	RT 2)	
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DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	neral Home,	D A ASALI	hury Mary		TE REC'D BY REGISTRAR			
(VRA 15, 4)	1 10110Wdy PU	nerur riorne,	.A., Juils	bory, mary	Idrid N	AY 26 1986	Julia Davido	n-gandelle	

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			STATE OF MARYLAND
00-07020	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
00 01333	1 -	REGISTRAR	CERTIFICATE OF DEATH BREG. NO. 1 5 0 4 U
*	I. DE	EASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
oge 3 deoth		OR PRINT)	10.1810 (E1)11 mny 20 100/ 2100
dec dec	3 SE	John	RACE S. DATE OF BIRTH S. AGE (IN VARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
3 4. 54.	3 SE	Mal	MONTHS DAY YEAR MONTHS DAYS HOURS MIN.
age com		102	Negro 5-7-10 16 YRS
P. 19		RTHPLACE STATE OF FOREIGN	MARRIED NEVER MARRIED WI OF DEATH
100 122		Ma.	MARRIED NEVER MARRIED Wicomico
5 5 6	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR
ed the offi	Sa.	isbury 1	Pén'insulau Cénéral (Peor work for most of working life) INDUSTING
120 purs	USU	AL RESIDENCE (IF NURSING HOME OR O'	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION
D 2 h	130 5	TATE 138 GOUNT	Y 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS /ZIP CODE
IN THE STATE OF TH	14 5 4	THE WOLC	25-Kr Hocomoke YES NO 5-47-27, 21831
A 22 d 22	14 77	THER'S NAME FIRST MI	DOLE 1 LAST FIRST MODELS LAST
W du du de 20	7	110020 -	2. Kolley Leacle J. Wharton
or cecu		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY NO. 17 MORMANT ADDRESS 808-4th St.
Poor e		Na -	- 120-01-8027 Patricia Warren Pocomoke. Md.
ALT		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)  APPRO IMATE INTERVAL BETWEEK ONSET AND DEATH
dico di		PART I. DEATH WAS CAUSED	BY CA.d. 1
S Central S		IMMEDIATE	CAUSE (a)
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RES de		Conditions, if any, which gave rise to immediate	(b) Villed speed (a floret)
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R ATTEN hospital RECTOR red for u ppt. of He m 21 is		saw the deceased alive on obove, (I) (we) (did I (did not))	view the flody offer death
		27h SIGNATURE	DEGREE 22c. DATE SIGNED
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	230. B	URIAL, CREMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OF CREMATORY 238 LOCATION STATE
BP	-	Durial	5-23-86 Tindley Mem. Cem. Pocomoke Wor. Md.
DHMH - 16 60M 7/84	24 Fi	NAME NAME	250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
(VRA 15, 4)	1	Amuel B. L	wage Nail Church, Va. MAY 28 1986 Hulie Davidson Bandson.

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(VRA 15, 4)



Framptom-Hawkins Funeral Home, 216 N. Main St. MAY 21

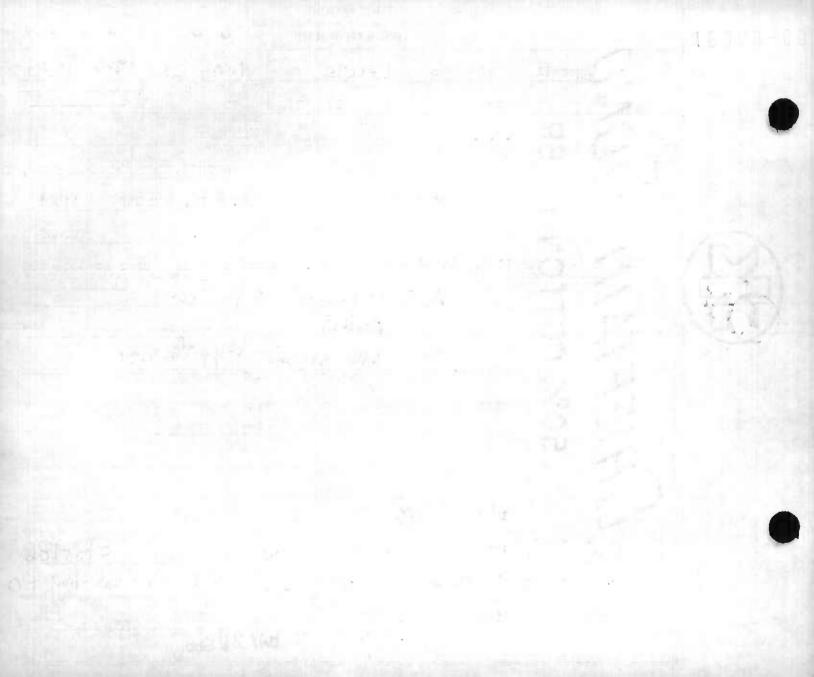
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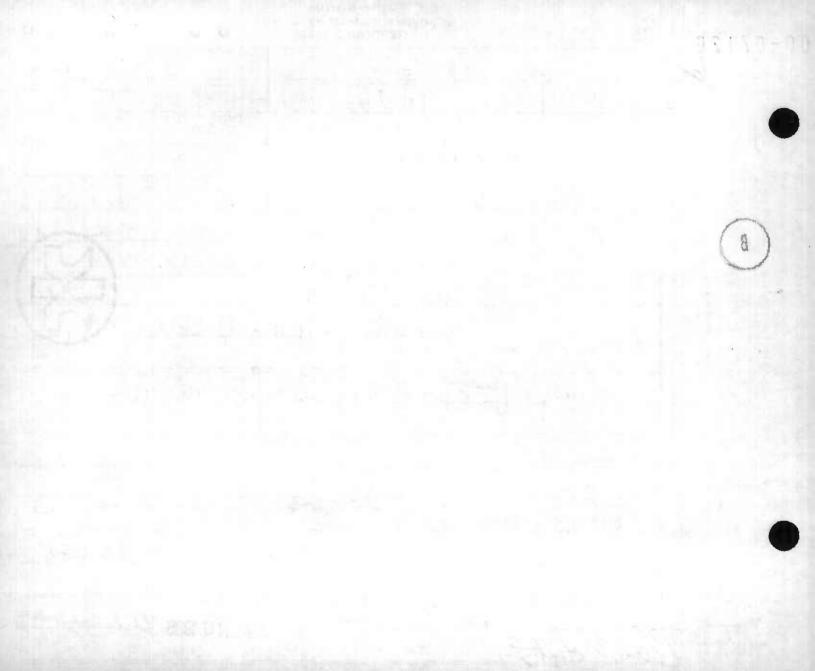
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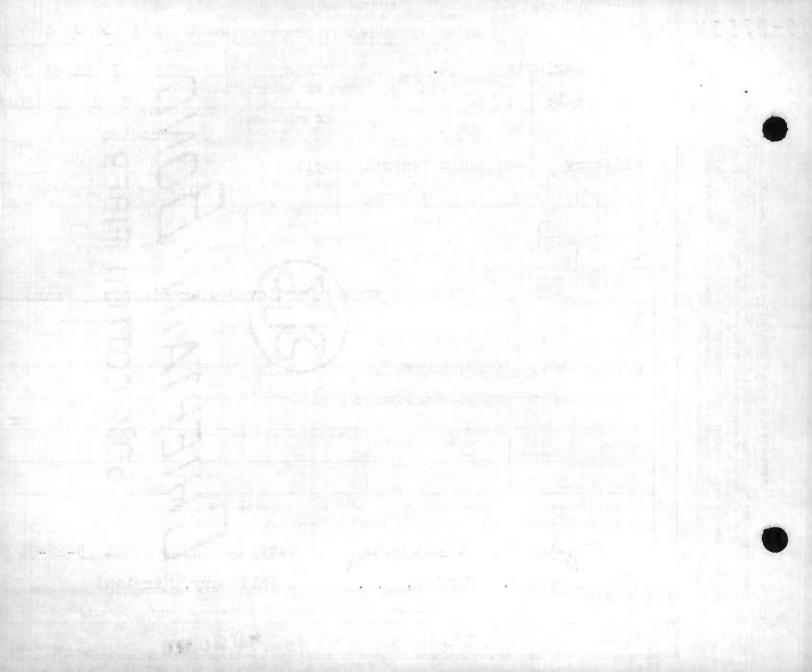


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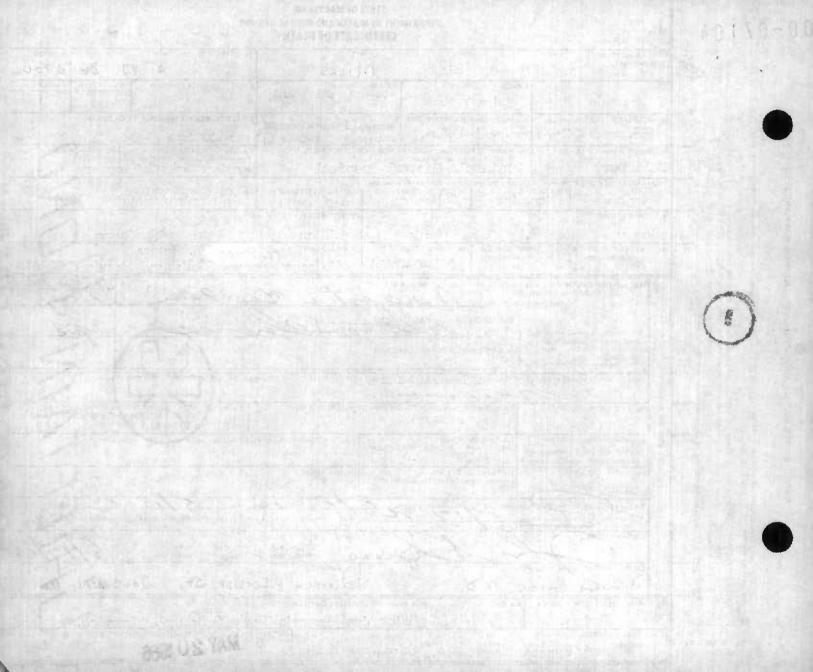
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR ECEASED NAME 20 DATE KNOWN I MONTH (TYPE OR PRINT) OF ESTI-Marjorie 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 192 64 YRS 06 DEAD Pemale 2046 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED Reading, Pennsylvania U.S.A. DIVORCED WIDOWED Wicomico CITY OR TOWN OF DEATH Telephone Assembler Salisbury Hospita] 3102 Belmont Avenue 19609 13d. INSIDE CITY LIMITS? Berks West Lawn Pennsylvanid 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME High Mary Baker John 166 SOCIAL SECURITY NO 17 INFORMANTMr. James C. Miles (Husband) WAS DECEASED EVER IN U.S. ARMED FORCES? 176-16-8514 No Same as #13e CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK O MEDICAL EXAMINER: THE CERTIFICATE, VACCUTE THE CERTIFICATE, VACCUTE THE CORMINE OF CORMINE OF THE STATH WITH THE STATH MORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Natural causes X death resulted fram. Homicide Undetermined monner TITLE (SPECIFY) Deputy EXAMINER'S NAME John Bulkelev. Salisbury. (TYPE OR PRINT) Forest Hills Memorial Pk Exeter Township, Berks, Pa. Burial 5/27/1986 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5))



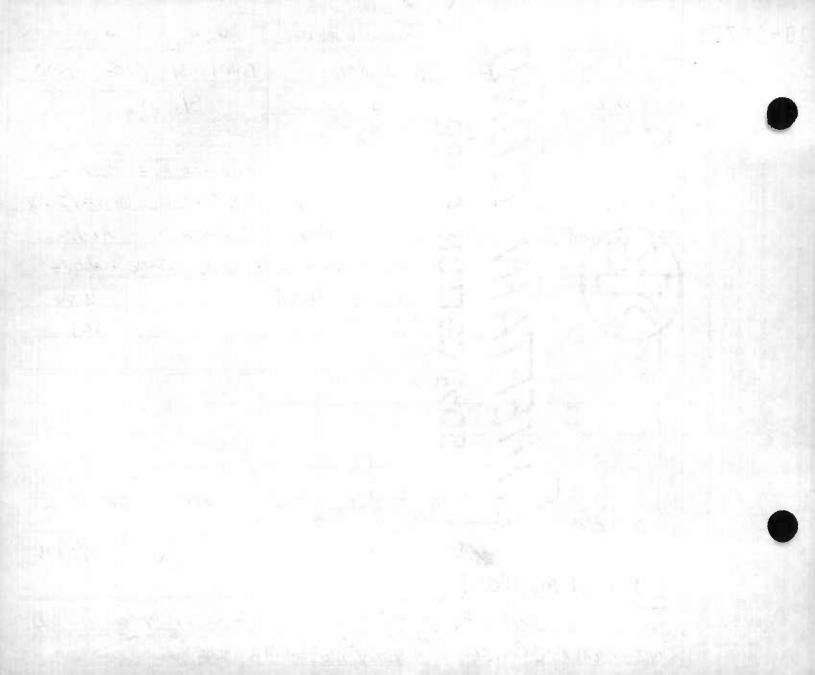
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٥	90 4 50	0		22a I certify that (I)	(this hospin	tol) attended th	e deceased from_		18	19.86	, to	5/17	198	₹	that (I) (we) last
	and Date		1	saw the decease		Tview the body	ofter death.	, 01	nd that in (my	r) (aur) opinian d	deoth occurred on	the dote and	hour and le	rom the	causes stated
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phylics empoper emoval.		PART I. DEATH WAS CAUSE	nly ane cause per lipata (a), (b), and (c ED BY (TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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an that the please or please or proof, or other contracts.		cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1 IS
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1000	CERTIFICATION	190 DATE OF OPERATION		IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \( \bigcap \) NO \( \bigcap \)
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C PHYS other day of the During Me the day	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY    AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  21l LOCATION  STREET CITY OR TOWN	COUNTY STATE
hospito RECTOI ed for u		220 I certify that (I) (this hosp	attended, the deceased from 1976, to 2/31	nd hour and from the causes stated
0. 0.0.		22b. SIGNATURE	DEGREE  W - COUNTY DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	226 DATE SIGNED 5/31/86
TO HOSPITAL I		Dorold M		
PP	276	SURIAL TREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY SALISBURY	Wicomico Mh
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS ERSEY, Rd. 250. DATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE



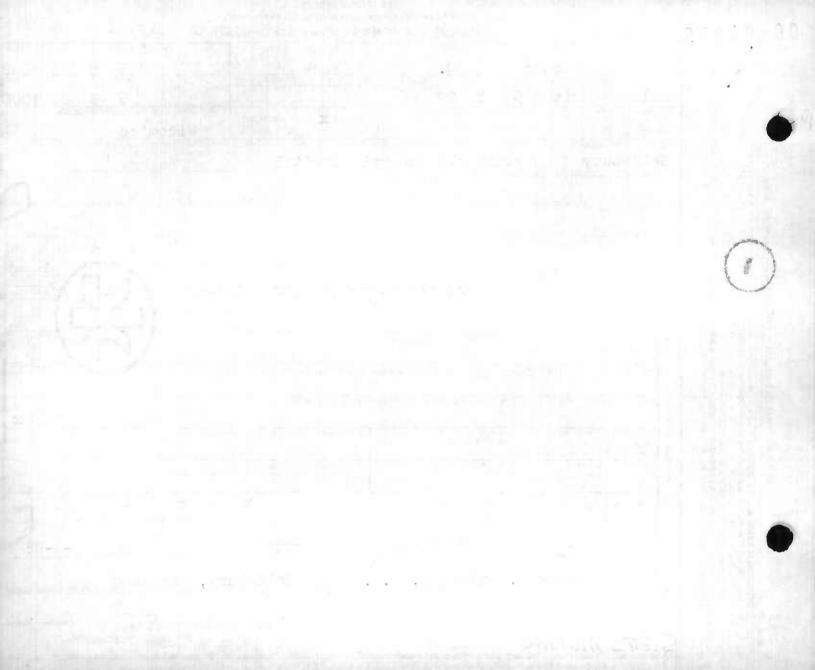
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH U REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN TO 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Norman Nock 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 20 DATE LAST BIRTHDAY) YEAR PRONOUNCED Male White 20 66 DEAD 1886 1008 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED K NEVER MARRIED FOREIGN COUNTRY) USA Maryland Wicomico WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Peninsula General Hospital Tire & Poultry Sales WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 3a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS #2. Maryland Worcester Pocomoke YES NO W Route Box 260D M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE FIRST McCabe Gordon Nock Rosina Route #2, Box 260D Mary W. Nock Pocomoke City, Md. 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-01-7889 WW2 ves APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Heart Disease vrs IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NOX 210. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I took charge of the remains described above, held on Inquiry X Autopsy and in my apinion PACE 4 SHOULD BE R
TO FUNERAL DIRECTO
AFTER DEATH, WITH TH
BALTIMORE, MARYLAN death resulted from: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy DATE 5-8-86 SIGNATURE EXAMINER'S NAME Bulkeley, M.D. John T. Salisbury, Maryland (TYPE OR PRINT) ADDRESS 230 BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY 5/11/86 Burial First Baptist Cem. Pocomoke Worcester Md. 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** else Pocomoke (VR A15 ME (5))



0-06208

## STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

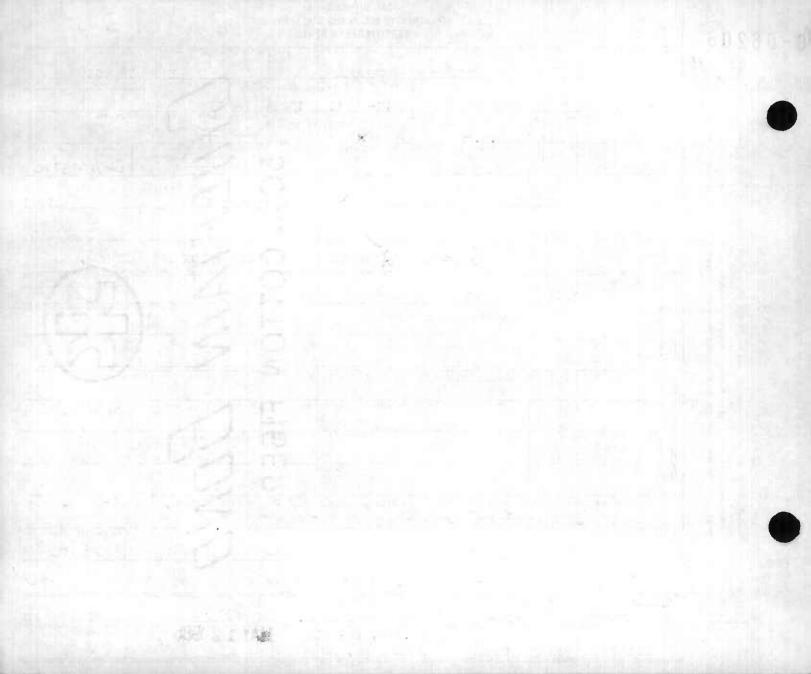
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IS	AAC LEVIN WAL	LER			MILLIE			DA	SHIELL
in W	AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE			ANITA SECON
IV	OR UNKNOWN) [IF YES,	GIVE WAR OR DATES!	215-26-	-6003	JAMES NUTTER	, SR BOX	604	HEBRON,	MD
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DHMH - 16 60M 7/8 (VRA 15, 4)

JOLLEY MEMORIAL CHAPEL

SALISBURY, MD



Leonard J. Ruck Inc. Baltimore, Maryland

(VRA 15, 4)

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ATTENDING PHYSICIAN: The

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William		WIDOFE	Powell		Mary	FIRST		WIDDLE			Bak	cer	
WAS DECEASED EVE			166. SOCIAL SECU	RITY NO	17 INFORM	ANT		ADDRE	SS	Rt. 5	3 0	Civ	ic A
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EARL M. BEARDSLEY, M.D.

22e ADDRESS

Rt. 50 & Civic Avenue, Salisbury, MD 21801

230. BURIAL, CREMATION, REMOVAL Burial 5/24/86 23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION Berlin

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY Maryland

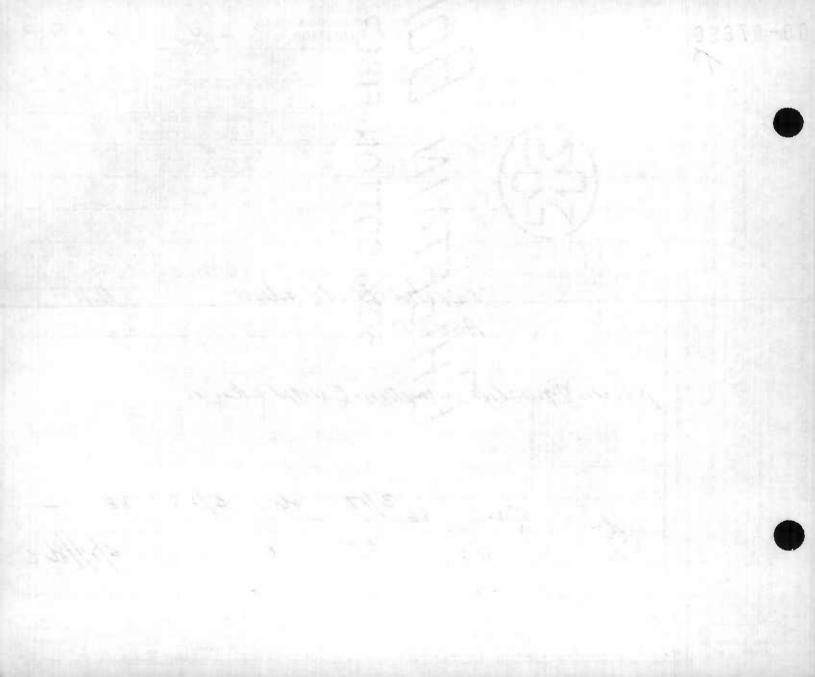
DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT: If Hem 21 is marked ar Hem 18 shows

24. FUNERAL DIRECTOR

108 Williams Street W. Kirk Burbage, Berlin, MD 21811

**Evergreen Cemetery** Worcester 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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000.00.	DECEASED NAME	FIRST	MIDDLE	ŁA51			REG. N 20 DATE OF DEATH	O. MONTH DAY	YEAR	2b HOUR
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AND 2120		NG HOME PROTHER INSTITUTION TO WORKER	GIVE RESIDENCE BEFORE	ADMISSION)	3d. INSIDE CI	TY LIMITS?	3. STREET ADDRESS Rt. I, Bo	/ ZIP CODE	1842	
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MAR wed we	Oliver	William	Park		Anni			erine		odney
BALTIMORE, cote be execut ysician and ce ppers. Poges 1 vol. tt, the medical	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	139-16-28				Lorrante™ City, MD	<b>P≒</b> Rose 21842	, Rt.	I, Box
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	23a BURIAL, CREMATION,			AME OF CEA			23d LOCATION	00	UNTY	STATE
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DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		Williams S			250 DAT	1AY "Z"7"198	B. REGIGLEAN	<b>SEMBNATH</b>	46 1000000
(VRA 15, 4)	W. Kirk Bu	rbage, Ber	lin, MD	1588XIX	21811					



Victorial C. Paracous' - La Steff .St you

California Contact Base Contact

	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
10-07528	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
0 54	1 DECEASED NAME FIRST MODILE Phippin (26. DATE OF DEATH MONTH DAY YEAR 126 HOUR ITYPE OR PRINT) Linwood Joseph Phippin Man 21,1986	
moy to	3 SEX Male 4 RACE S. DATE OF BIRTH 6 AGE A YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR	
ge 4 urs off	Male White 08 18 1908 77	N.
nerol din na 72 bou	Married Wicomico	MD.
S ofter o	Salisbury  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   Peninsula General Hospital   126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)   126 KIND OF BUSINESS CONTROL   127 KIND OF BUSINESS CONTROL   128 KIND	OR
tilled in could be a must be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  138. STATE  138. COUNTY  138. CITY OR TOWN  138. INSIDE CITY LIMITS?  138. STREET ADDRESS / ZIP CODE  407 Hastings Street  21801	
MARYL ed withir	Henry Phippin Is MOTHER'S MAIDEN NAME  FIRST MIDDLE FREST MIDDLE MODILE	
IMORE,	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Lola L. Phippin (Wife)  215-03-3292 Same as #13e	
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A TITENDE A CITOR A Los over an Health	22a Learlify that (I) (this hospital) attended the deceased from 3/21, 19 , to 3/21/80 , 19 , that (I) (we) losa with deceased alive an 3/21/16 , 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did) and i view the body after death.	ost
AL OR A OR	226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY	
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BP	236 BURIAL CREMATION, REMOVAL (SPECIFY)  Burial 5/24/1986   Springhill Memory Gardens Hebron, Wicomico, Maryla	nc
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR  Holloway Funeral Home, P.A., Salisbury, Maryland MAY 26 1986  Like Deviden - Andrews	

STATE OF MARYLAND

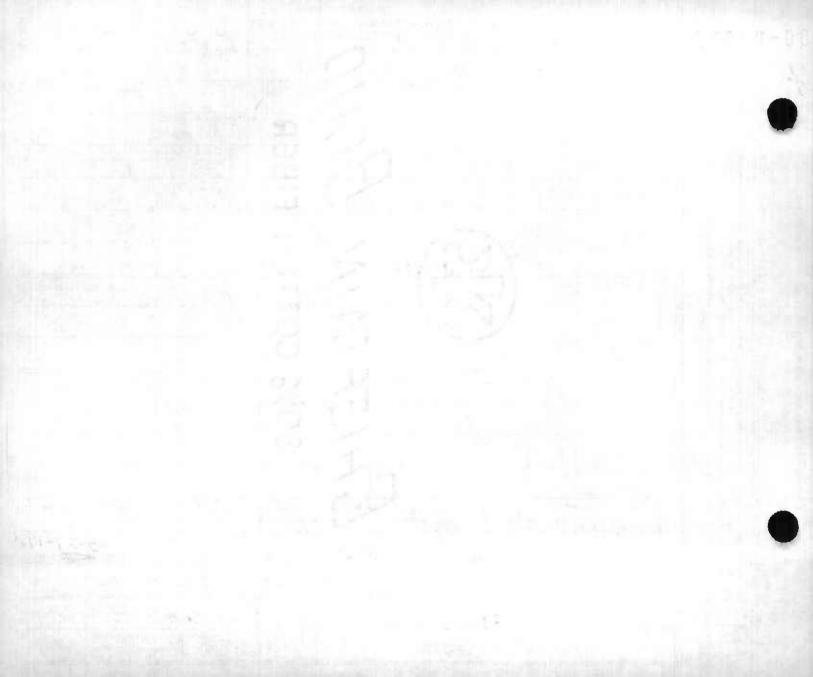
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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)	Maryland	WICON		13c CITY OR TOW Pittsvil	/N	13d. INSIDE (	NO 🔀	13e.STREET ADI		ZIP CODE		21850
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Baker Bounds Salisbury, Mary Tand

Powells ville Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



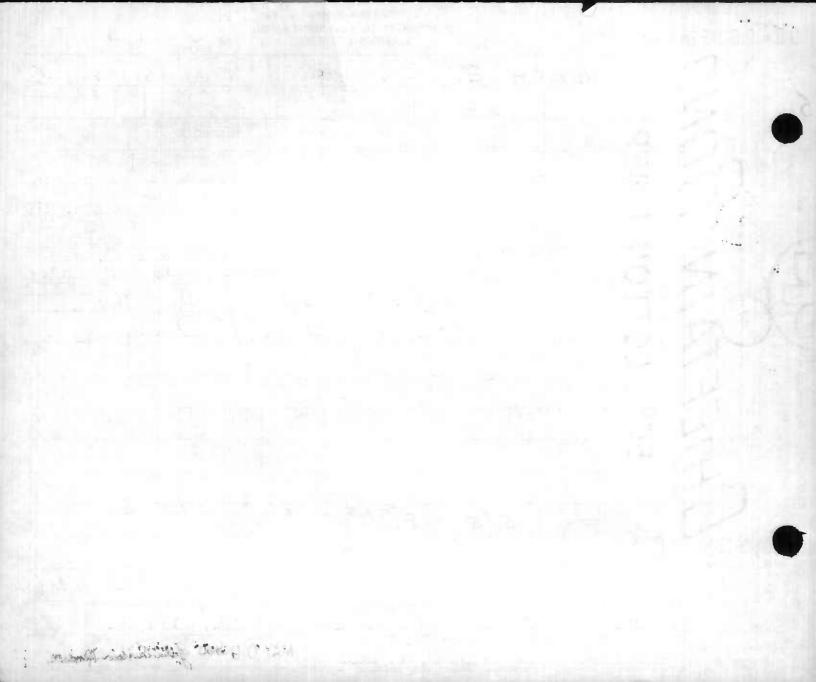
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH 26. HOUR DECEASED NAME (TYPE OR PRINT) May 18, 1986 10: Seabrease Norval Leon IF UNDER I YEAR IF UNDER 24 HRS S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE HOURS 26 20 White Male 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED XX NEVER MARRIED Wicomico County Maryland USA WIDOWED 126. KIND OF BUSINESS OR 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH /Electrician/lanufacturing Sharptown State USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Wicomico 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS 13c CITY OR TOWN W. State St./21861 MD Sharptown 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Arthur Tillie Jackson Seabrease 17. INFORMANT 166 SOCIAL SECURITY NO 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-12-4908 Julia M. Seabrease, Sharptown, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [] NO YES | 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) ottended the deceased from and that in (my) (our) opinion death occurred on the date and have and from the causes stated saw the deceased alive an\_ above, (1) (we) (did) did not) view the bady after death 22c. DATE SIGNED DEGREE 226 SIGNATURE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | 22e. ADDRESS 100 Power Street, Salisbury. William B. Horner, MD 23d. LOCATION 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE Burial Springhill MemoryGarden, Hebron, Wicomico, MD DHMH - 16 25M Julia Davidson Gandaise Zeller Funeral Home, Sharptown, MD (VR A 15 (4) ) 9/74

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

23b DATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

ROBERT ALLEN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

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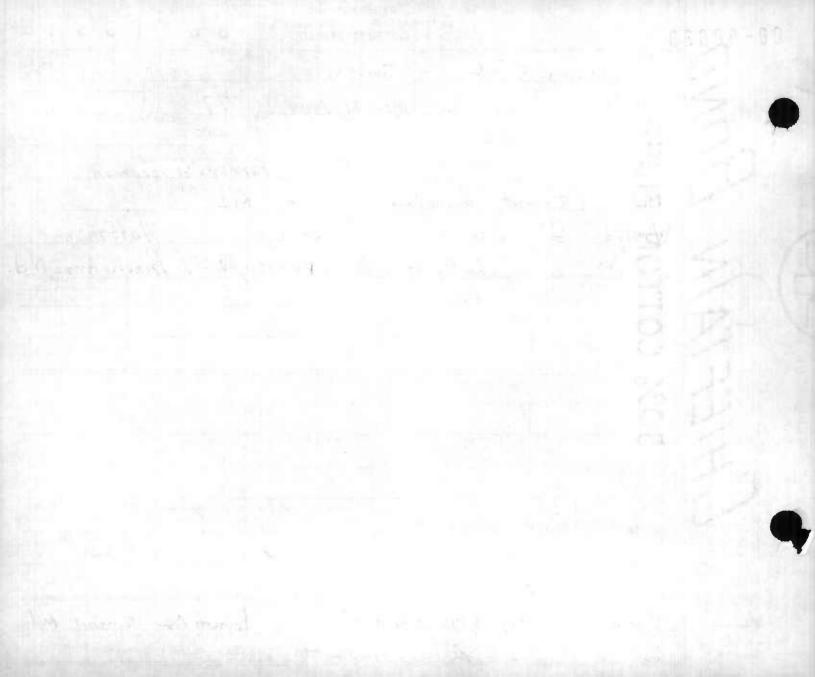
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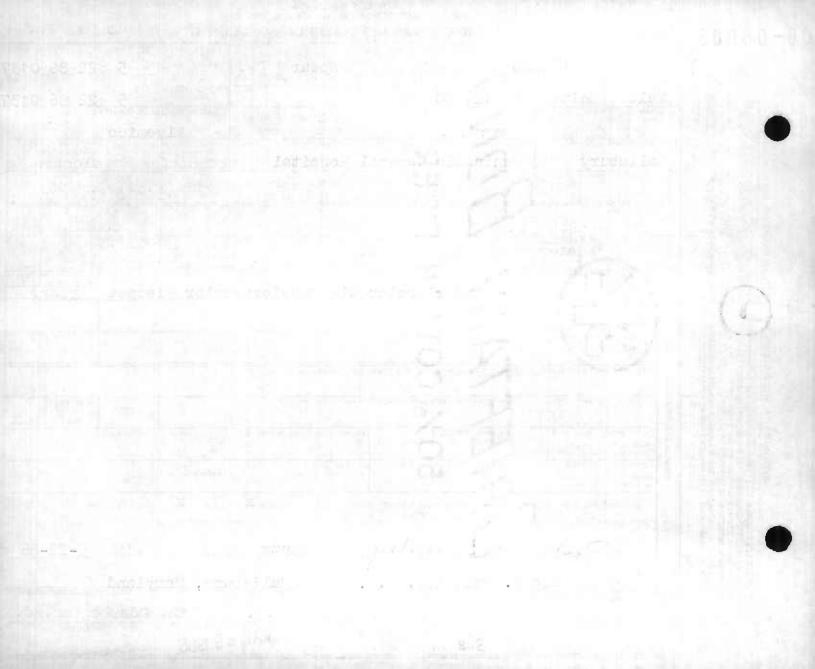
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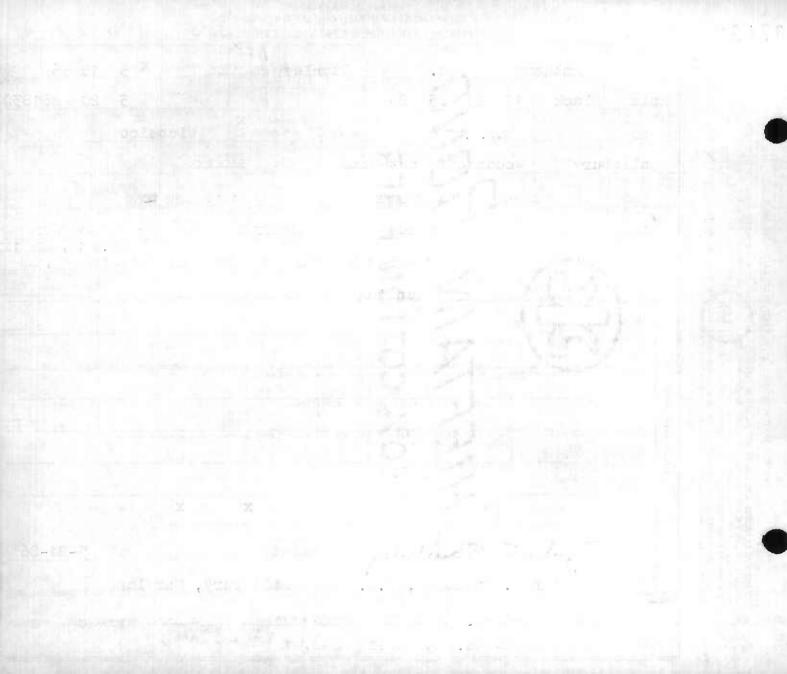
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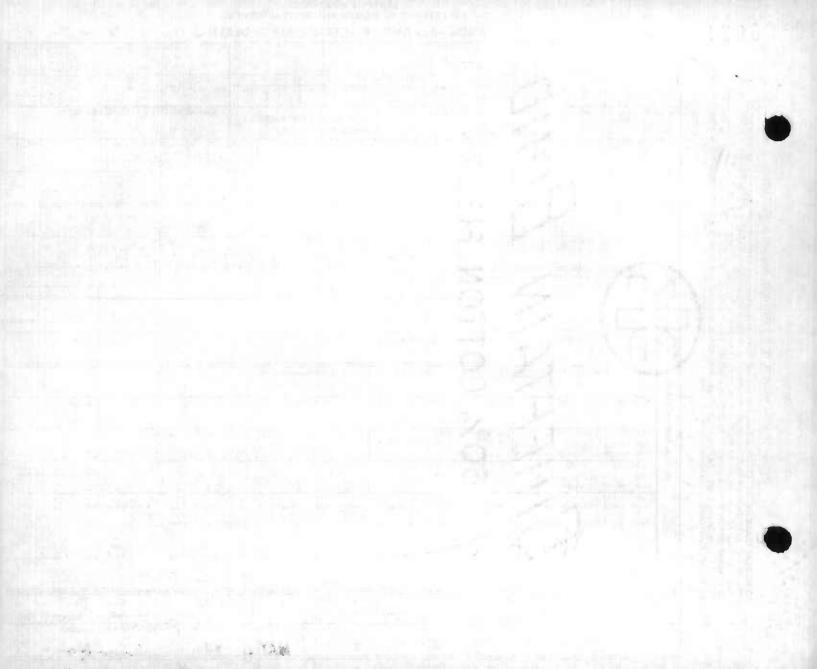
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWN IX (TYPE OR PRINT) OF ESTI-DEATH MATED N 72 HOURS TON STREET, Gilbert Russell 21986 Spear, Sr. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE YEAR YOUR LAST BIRTHDAY) PRONOUNCED 20 Male White 66 DEAD 221986 1013 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED | DIVORCED Maryland Wicomico O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (15 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Peninsula General Hospital Salisbury technician electronic SUAL RESIDENCE (IF IN NURSING DIME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 136 STREET ADDRESS RTZip121829 13c CITY OR TOWN Girdletree Maryland M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST GOSLIN Clarence L. Spear Bertha 17 INFORMANT (wife) IN SOCIAL SECURITY NO ADDRESS2 1929 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (WWW GIVITWIR OR DATES) 218-09-1736 Betty M. Spear, Rt. 1, Box 95 yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease vears DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. III LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR;
A ATTER DEATH, WITH THE SY
BACTIMORE, MARYTAND X Inquiry X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Homicide \_\_\_ Undetermined monner Suicide TITLE (SPECIFY) Deputy 5-22-86 SIGNATURE EXAMINER'S NAME John Salisbury, Maryland ADDRESS Beulah, Dorchester, Md. 5/26/86 Md. Vet. Cem. of E.S. burial 07/84 Cambridge, Md. 21613 250. DAJERECTO. BY REGISTRAR'S SIGNATURE AND HIGH St. 25M 24 FUNERAL DIRECTOR **DHMH - 17** Home, 308 High St. , una haydon the (VR A15 ME (5)) Curran Funeral



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		MEDICAL CUTE THE SE 4 SHC FUNERAL FER DEATH	7	0			\		MEDICAL EXAMINER	SIGNED		
		A STATE OF S		(TYPE OR PRINT), TO	hn T. Bul	kelev. M.	D. ADD	RESS Sal	isbury, Mary	vland		
		TO MEDICAL EXECUTE THE CE EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	236.5	URIAL CREMATION, REMOVAL		23c. NAME OF CEM			23d. LOCATION	COUNTY	STATE	=
	07/84	BP		BURIAL	5-24-86	SPRINGHIL	r. MEMO	DV CADDE		TATOON	مهدور والمالية	
	25M	DHMH - 17	24. F	UNERAL DIRECTOR			100	250. DATE F	REGID BY REGISTRAR 238 REG	GISTRAR'S SIGI	NATURE MD	
		(VR A15 ME (5))	JO	CLEY MEMORIAL	CHAPEL RT	.# 2, BOX 9	20 SAL	IS, MD	Al PAGI CY IN			
		[]										



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DATE KNOWN -DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) ESTI-Forrest DEATH MATED FUGENE 19 86 STANLEY & AGE (IN YEARS SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR 24 HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED White Male October 13,1926 59YRS DEAD 1986 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED FOREIGN COUNTRY New York U.S.A. DIVORCED Wicomico County WIDOWED CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME. OR INDUSTRY Retired Truck Driver Salisbury Peninsula General Hosp. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? P.O. Box 181 New York Petersburg 12138 NO I A. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unknown Unknown IAN SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES Mrs. Agnes V. Stanley (Wife) 1175 Chianina Dr., Zephyr Hills,Fla. YES NO. OR UNKNOWN 111-20-7167 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Thoraco-abdominal trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 WRITING THE WORD "PEN WARDED TO THE CHIEF ME PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA \$1201 PRIOR TO BURIAL CI 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 10:01 XX 5-3-19 86 Driver of pick-up truck/tractor trailer 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME IL LOCATION COUNTYCOllision STREET, FACTORY, FARM, ETC.1 NOT WHILE AT WORK AT WORK road U.S.Rt. 13. Rehobeth Rd Somerset MD FUNERAL DIRECTOR: ER DEATH AVITH THE 220. I certify that I took charge of the remains described above, held an and in my apinion Accident X Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 5-4-86 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/5/1986 Cremation Salisbury Crematory Salisbury, Wicomico, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5))



- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

female

BIRTHPLACE ISTATE OF FOREIGN

MD

ID CITY OR TOWN OF DEATH

Salisbury

MD

william '

14 FATHER'S NAME

LYES, NO OR LINKNOWN)

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HE YES GIVE WAR OR DATEST

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate cause (o), stating the black

I DECEASED NAME

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH Stanley May 12, 1986 8:10 a.m. 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY WINDSWITTERS YEAR 10-01-1914 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Deer's Head Center, Salisbury LABORER SUAL RESIDENCE (IF NURS NO HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? SHARPTOWN BOX 192 15. MOTHER'S MAIDEN NAME MIDDLE **GErald** MATTIE THOMAS 166 SOCIAL SECURITY NO 17 INFORMANT 52 WILLIA AVE. PENSGROVE, NJ 08069 AUDREY JERRALD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for tat, tb , and ic DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 22a I certify that (1Xthis hospital) attended to deceased from opinian death occurred on the date and haur and from the causes stated and that in (my) (

underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 215 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY

sow the deceased give on abave. (Adve) (did kide past view the bady after death. 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN [

DIRECTOR PHYSICIAN 22e ADDRESS

Inja Joe Hwang, M.D., Deer's Head Center, P. O. Box 2018, Salisbury, MD 23t NAME OF CEMETERY OR CREMATORY

230 BURIAL TREMATION, REMOVAL 236 DATE 5-17-86 BURIAL

NOT WHILE

WHILE

ZION U.M. CEMETERY

STATE COUNTY

226 DATE SIGNED

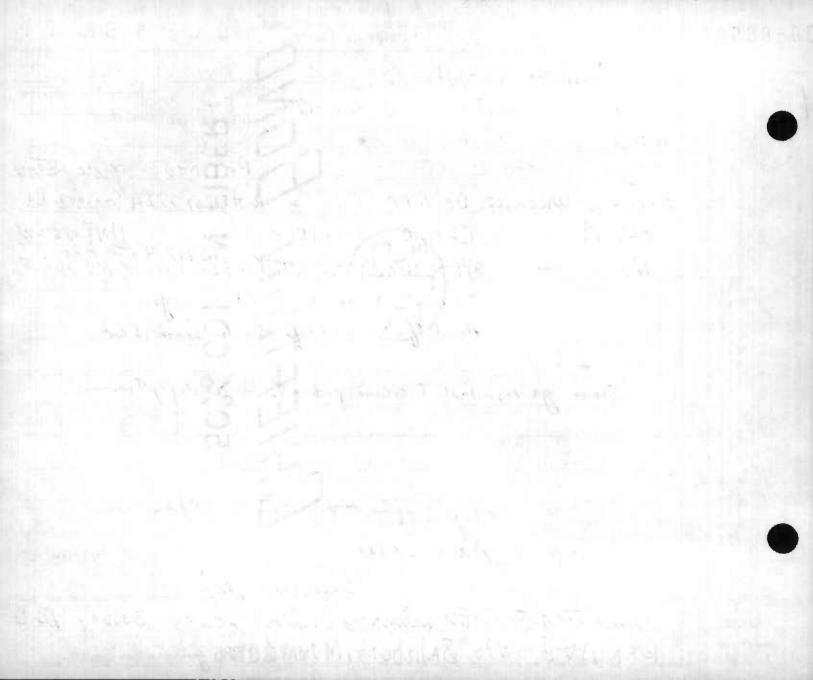
24 FUNERAL DIRECTOR JOLLEY MEMORIAL CHAPEL

RT. # 2, BOX 92030 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SPILIPY MD 21801 SALISBURY, MD 21801

DHMH - 16 60M 7/84 (VRA 15, 4)

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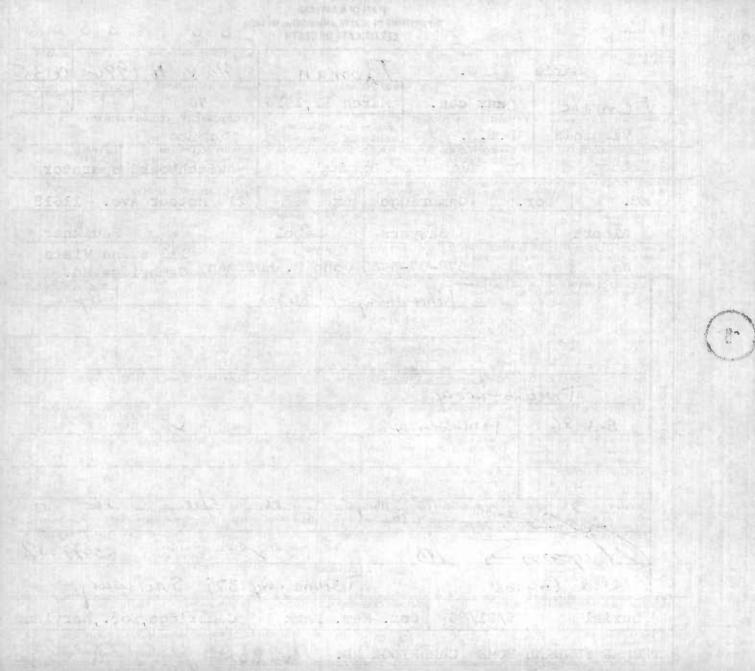
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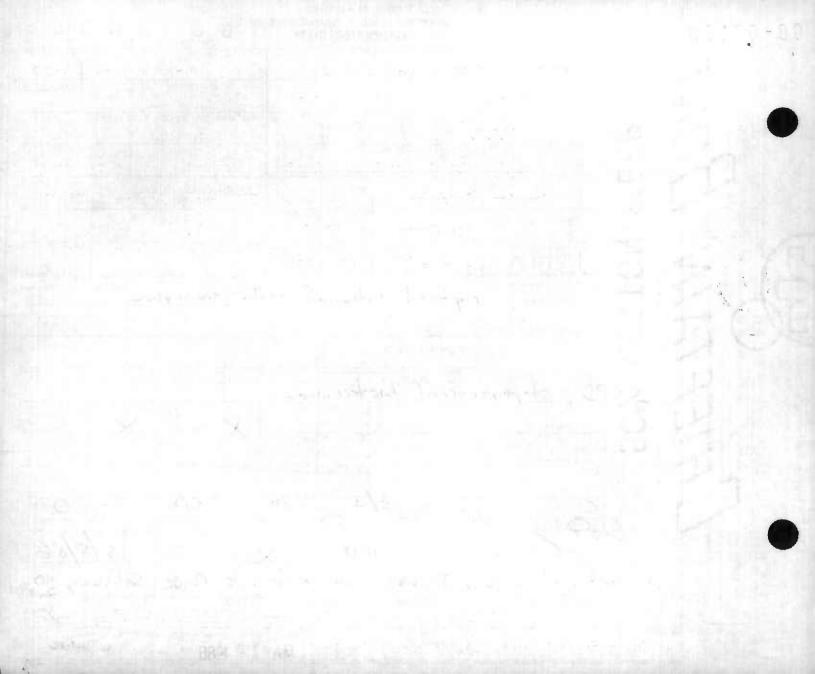


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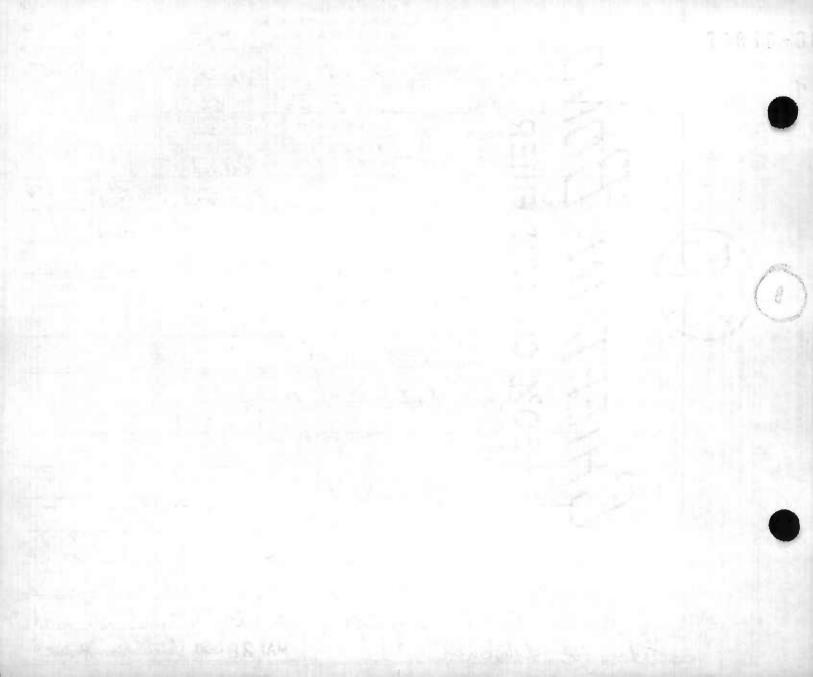
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BALT	sicio pers	£ .		18 CAUSE OF DEATH	(Enter or	nly one couse per	line to (a), (b	, and ic=				APP BETW	PROXIMATE INTERVA	AL
ST., B	A CONTRACTOR	c		PART I. DEATH WA		D BY TE CAUSE (0)	Tuh	manay	1 FIBROSI	S'		5	year	
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	or he borde	t the		The SHANALING	-		<u>.</u>	,	DEGREE ATTENDING	MEDICAL _	STAFF	22c. D/	ATE SIGNED	. ,
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	1		STATE OF MARYLAND	
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	15656
0 - 07847		REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	
		CEASED NAME FIRST	MIDDLE 1AST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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1 00 00	3 SE		4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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nerol dis		OUNTRY)  PA	76 CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY  WIDOWED DIVORCED   Wicomico	MD.
180	Sa	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PENINSULA CENESIRE APRES HOSPITAL WORK FOR MOST OF WORKING KATILLY	12b. KIND OF BUSINESS OR INDUSTRY
212	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	DE R+ 10 B. 336
3 4 11 00	130.	md W	130 CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS TO CO	SALISHURY
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( )		18 CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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9	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. AUTOPY  YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO N
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To HOSP		Chan Con	I. (Last m.D. POBOX 2636 Salisbu	ny mo 2180/
51 543 54	23a E	URIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	1
BP		SPECIFY)	5-31-86 Coll Spring uma GRAFIE TER	E WOL MA
DHMH - 16 60M 7/B4	24 F	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b, REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	6	toda 7/4	Sylisbury Md, MAY 28 1986 Julie	Davidson-Randelle



injury, or other tro

STATE OF MARYLAND

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8	0	
_	REG. NO.	

1-	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		5 6	5	1	
	CEASED NAME EIRST CORPRINT) Henry	1 3 4	middle Wh	nite	LAST			DAY YEAR	26 HOU	IR D	
3 SE		4. RACE	WI WI	5. DATE C	OE BIDTH	May 23, 19	IF UNDER 1 YEAR	IF UNDER	2.1 MPS		
3 SE.	male	white			18-1917 YEAR	69	YRS	MONTHS DAYS	HOUR5	MIN.	
	RTHPLACE (STATE OR FOREIGN COUNTRY)  Marylan	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	OF DEATH	OF DEATH MD.			
2	Salisbury	Deer s	lead Cent	or, S	alisbury, MD	12a USUAL OCCUPATIO	17b. KIND OF INDUSTRY		ESS OR		
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU aryland Wic		13c CITY OR TOWN Salisbur	N	134 INSIDE CITY LIMITS?	Rt. 1 Box		2180	1		
) FA	Henry P	WIDDLE	White, Sr.		15 MOTHER'S MAIDEN NAME Etta	ME		Selby			
	VAS DECEASED EVER IN U.S. AL YES NO OR UNKNOWN) (IE YES GI YES Air Force	VE WAR OR DATES)	222-10-66		Gloria S. Wh	ite see sec					
NOI	Conditions, if any, which gave rise to immediate cause to stoting the underlying cause last	VEN IN PART 110	1								
TIFICAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO YES					
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OE DE (IE ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220. I certify that (I) (this hasp saw the deceased alive or ODOVE, (I) (we) (did) (did not 22b. SIGNATURE  CLAR U. 272d PHYSICIAN'S NAME (TYPE)	ATH HOUR A. R) P. 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REEL EACTORY, OFFICE FA	19 ARM ETC)	nd that in (my) (aur) opinion of DEGREE ATTENDING	CITY OR 10W	te and hou	COUNTY	that (I) (	we) lost ated	
73n F	Elsa M. Gori				enter, P. O.	Box 2018, S	alist	oury, MI	218	301	
B	Urial JNERAL DIRECTOR				co Memorial Pa	CITY OF TOWN			Md	STATE	

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BP.

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Baker & Bounds Salisbury, Marvi

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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG.	NO.						1-15	
ATE OF	DEATH	MONTH	DAY	YEAR		2b	HOUR		Ī

THE COPPORT OF DEATH  THE ARCE  THE	THE CONTROL OF DEATH    SALE   RACE	414	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, ,					
The CITY OF TOWN OF DEATH    SALE   State   St	A ACE INCIDENT OF BRITH  ACE INCIDENT OF BRIT	(14)	PE OR PRINT) Clayt		Wilson	20 DATE OF DEATH MONTH						
The surface of death   The make of poper and the property of the make of the poper and the poper a	The content of the person of the content of the c	1.5	Male	4 RACE White	S. DATE OF BIRTH	66 YRS	MONTHS DAYS HOUR					
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186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 WAS CAUSED BY   187 WAS CAUSE	16 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   187 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   188 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   MILLSDORO, DECLARATED   18 CAUSE OF DEATH Enter only one course per line for ios, the joint of the following investment of the followin	5/// 130	STATE 13 COUN	13c. CITY OR TO	YES NO NO		DE 19966 9					
THE CAUSE OF DEATH. Enter only one couse per line for ito, (b), and could part of the couse per line for ito, (b), and could per line for ito, (b), and (c), and (	B CAUSE OF DEATH Enter only one couse per line for o), (b), and (c)   PART I. DEATH WAS CAUSED BY   IMMEDIATE CAUSE (a)   Conditions, if only, which gove rise to immediate couse [ast, stock to ]   DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse [ast, stock to ]   DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse [ast, stock to ]   DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse [ast, stock to ]   DUE TO, OR AS A CONSEQUENCE OF CONDITION FOR WHICH OPERATION WAS PERFORMED   180 AUTOPSY?   180 FYES, WERE FINDING in CERTIFYING CAUSES OF CONDITION FOR WHICH OPERATION WAS PERFORMED   180 AUTOPSY?   180 FYES, WERE FINDING in CERTIFYING CAUSES OF CONTINUED CONTRIBUTION CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED   180 AUTOPSY?   180 FYES, WERE FINDING in CERTIFYING CAUSES OF CONTRIBUTION CONT	7503	"George A.	MIDDWILSON LAST	15. MOTHER'S MAIDEN NA Madeli	ne Hoffecker	LAST					
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sow the deceased alive on 5/5/6 19 , and that in (my 60) apinion death occurred on the date and hour and from the couse obove, including (idd of view the body after death.  276 SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIR	sow the deceased olive on sow the deceased olive on sow the deceased olive on solve, the solve of the body ofter death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR	orked or B	21d INJURY OCCURRED	21e PLACE OF INJURY		CITY OR TOWN	COUNTY					
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	DM 7/84 DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE	230	BURIAL, CREMATION, REMOVAL	236 DATE 23	1, 7, 6	CITY OR TOWN	COUNTY					

4.1980-00 Jaylor V. CE Jet. 7, 1917 - 60 Steenelle genal . . . . . . to the same service perise n. "Lilan Association of the Month of the College of the Coll

STATE OF MARYLAND 00-06628 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIGGLE 20. DATE OF DEATH MONTH 1 DECEASED NAME 7h HOUR PE OR PRINT VIRGIL 4 RACE DATE OF BIRTH AGE TIN YEARS LAST BIRTHOAY IF UNDER I YEAR IF LINGER 24 HRS 3. SEX MONTH VEAR DAY 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISLATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico VA u.s.a. DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AGGRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital Salisbury ARM 13a. STATE 13h COUNTY 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MD WICOMICO SALISBURY 138 2nd street YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 irrhosis QUUNPC Alcoholic 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 9-8 -obove, (I) (we) (did) (did not) view the bady after death. and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED la lournolle -ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF ATTENDING 22d. PHYSICIAN & NAME (TYPE OR PRINT) 22e ADDRESS GEORGE GALIFIANAKIS MD. KAY AUE SALISBURY MD 21801 230 BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE CITY OR TOWN LIPECIFY Tripia 24 FUNERAL DIRECTOR THE DATE REC D. BY REGISTRARISH REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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JU-	- U	0100	D. DE	REGISTRAR CEASED NAME	FIRST		MEI	MIDDLE	AAMIIY	EK 3 (	JEK I IFIN	CATE	יד טבא	20. DATE	REG.	NO. MONT		VEAD	2h HOUR
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		多年が自己	10 C	ITY OR TOWN O	F DEATH			PITAL, NUR		, OR OTH	ER INSTITU	TION	12a USU	JAL OCCU	PATION (	TYPE OF WOR	12b. K	SINESS	
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		= 0.0	-	ATHER'S NAME				Durc	THOT							, but	74.666 21227		
	E, N	WITHIN 24 HOUR ENCIL IN ITEM 18. MINER LONG W. TRANSIT PERMIT. INTAL HYGIENE, D. OR REMOVAL.	V	FIRST MIDDLE P.				Varnarach			15. MOTHER'S MAIDEN NAME MIDOLE						Caribbino		
	A			WAS DECEASED	EVER IN U.S. ARM	ED FORCE		Kaunaugh			Mary Ann  17. INFORMANT ADDRESS				SS	Gribbins			
	BALTIMORE, MD.		200	ves, no, or linknow VO	218-10-2370			Charles M. Reinhardt, 759 Ya					ale Avenue						
				18 CAUSE OF	DEATH (Enter only	DV											BET	APPRUXIMALI	INTERVAL
	W. PRESTON ST.,			IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease years										^S					
	EST			DUE TO, OR AS A CONSEQUENCE OF															
	9			Conditions, if ony, which gave rise to immediate (b)															
	W 102			couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)															
	RECORDS, 201	BE EXECUTED SENDING" IN PROPERTY OF AS A BURIAL AS A BURIAL CREMATION,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10															
	ECC	HOULD BE ENDING THE MEDIC CHIEF MEDIC EUSED AS A OF HEALTH	CERTIFICATION	19a DATE OF C	ODED ATION	Lon	00.10.												
	¥	SHOULD CHIEF E USED T OF HE	12	190 DATE OF C	SPEKATION	196	CONDI	TION FOR W	HICH OPER	ATION W	AS PERFOR	MED?						AUTOPSY	
	N.	8 2 8 7 8		210 EXTERNAL	CALIFERNAS	221	TIME OF	IN LILLEDY		Laure								YES 🗌	NO 🛅
	DIVISION OF VITAL	THIS CERTIFICATE SHOULD , WRITING THE WORD "PE MARDED TO THE CHIEF A PAGE 3 SHOULD BE USED, TATE DEPARTMENT OF HE 21201 PRIOR TO BURGAL,	MEDICAL CE	UNDERLYING	-	HC		. MONTH	DAY YEAR	ZIC H	OW INJURY	OCCURRE	D LENTER	NATURE OF IN.	JURY IN ITEM	18 PART I OR	PART 2)		
	VISI	TING FED T 3 SHO PRICE PRICE	E	21d INJURY OF		21e	PLACE C	OF INJURY	(AT HOME,		CATION			CITY OR TO	WN		OUNTY		STATE
	٥	ATE, WRITIN ORWARDED NR. PAGE 3 SI 16 STATE DEP 10, 21201 PR	2	WHILE AT WORK	AT WORK									CITTOR TO	****		OUNT		STATE
				22a. I certify that I taak charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion															
		EXAMINER: CERTIFICATE OULD BE FOR L DIRECTOR: (, WITH THE S MARYLAND)		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined monner ,															
		DIE VAR		ACTUAL DEDUTY DATE 8-7-86										0.0					
		CAL EX. THE CER SHOULD RRAL DIR ATH, WI		SIGNATURE	Julia	00	22	win	my	M	ro neb	uty	MED	ICAL EXAM	AINER	SIGI	NED_C	5-/-0	36
		UNE NO E	A	EXAMINER'S N	IAME Toh	n T	P11	1401	M M	D		Cali	chu	W17	Maxi	-land	4		
		TO MEDICAL EXAMMENE EXECUTE THE CERTIFE PAGE 4 SHOULD BE A FOUNDED BE AFTER DEATH, WITH	220 5	(TYPE OR PRIN	ION, REMOVAL 23		Du				ADDRESS_	_		CATION	riar y	Tall	1		
			230.6	SPECIFY)		5/10	106				Mem.		CITY	kridge	0		ward	Mar	yland
	07/B4 25M	BP		Buri.	OR														yrana
		DHMH - 17 (VR A15 ME (5))	H	NAME Ubbard F	uneral H	lome	ADDRESS	. 410	7 Will	rens f	21229	IVI	11 9	REC 198	سائر و	العطاله معا	INCOM-	-Mande	
		(11/10/10/10/01)	11	annur a r	CHICLOI II	CITIC /	TITO	, 110		10110	1140.				U				

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